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ART. I.—ADDRESS AT THE OPENING OF THE SESSION FOR 1854-55 IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE.

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OBEDIENCE to a time-honored custom requires that the beginning of each successive term of instruction in our medical colleges shall be signalized by a public address, and the discharge of this duty on the occasion of the opening of the session for 1854–5 in this institution has been entrusted to me.

These introductory discourses have been so long repeated, and so often given to the medical public by means of the press, that it is at length usually felt to be a matter of some difficulty to find topics which have not been already abundantly discussed. In the present instance circumstances have relieved me of an embarrassment on this score, which, otherwise, I should assuredly have experienced. It is known to many of those whom I address, that at the close of the course of lectures in this college for 1853–4, I took my departure for Europe, remaining abroad until shortly before the commencement of the preliminary course just finished. The greater part of the period of my absence was spent in Paris. After leaving Paris I found time only to visit the capitols of England, Scotland and Ireland, making a brief stay in each of these cities.

It will probably be expected that the topics of my remarks on this occasion will have reference to medical matters that interested me during my late sojourn on the other side of the Atlantic. It would be, of course, impossible within the limits of an introductory discourse to undertake any thing like a comprehensive account of my observations and experiences, or to engage in any elaborate discussions. I propose, simply, in a desultory way, to recal some of the facts which arrested my attention, and the impressions which I received, indulging, in connection therewith, necessarily in terms very brief, a few reflections suggested by a comparative view of American medicine.

I shall confine myself to medical matters in Paris, in part because my personal observations there were more extended, but also because, so far as relates to the interests of medical science and education, the provisions in France may be assumed to be unquestionably superior to those in Great Britain. To assume this, however, is by no means to disparage the zeal and success with which medicine is cultivated and taught in London, Edinburg, and Dublin. Moreover, to extend my remarks to the latter places would require more time than I could venture to occupy, on an occasion like the present.

Aside from special objects which may constitute the chief inducement to visit foreign countries, the medical traveller, first of all, is desirous to see distinguished men with whose scientific labors he has been long familiar. And it is curious, in many instances, to compare the notions which had been previously formed of their appearance and manners with the reality. The ideal portraits of individuals, which the mind receives through the media of books, often contrasts singularly with representations as they appear to the eye. Moreover, contrary to the laws of optics, when great men are viewed in imagination, their magnitude is apt to be inversely in proportion to the shortness of focal distance. To endeavor to measure the real dimensions of magnates in our profession by inspection, may thus afford encouragement to the modest observer, and enhance his self-reliance. Herein consists one source of profit in extending to other lands the circle of our acquaintance. Another advantage also, may be derived, in addition to the gratification of a natural curiosity. After having seen,

and still more, after personal interviews with those who hold conspicuous positions, one feels better qualified to place a correct estimate on the degree of consideration and confidence to which their opinions, and the results of their labors are entitled.

The visitor at Paris, whose professional life extends backward a quarter of a century, finds still living and working in the hospitals, the academies and the school of medicine, not a few of those who were eminent at the time when his retrospections commence. At the single hospital of *La Charité*, during the past summer, might be seen each morning, between the hours of 7 o'clock and 10, VELPEAU, the veteran surgeon of world wide fame; RAYER, author of an imperishable work on diseases of the skin, published in 1826; CRUVEILHIER, whose classical treatises, with splendid illustrations, on anatomy, healthy and morbid, albeit their age, are still standard authorities; PIORRY, whose labors in behalf of physical diagnosis followed closely on the discovery of auscultation by LAENNEC; BOUILLAUD, whose valuable contributions to our knowledge of diseases of the heart were anterior to those of HOPE; ANDRAL, whose publications on clinical medicine date as far back as the days of BROUSSAISM, and BRIQUET whose recent work on Quinia is to be added to other publications which have long been before the profession. Here is a corps of distinguished representatives of "Old Physic," with whose names those of us to whom, in this country, such an appellation is sometimes applied, were familiar in the days of our medical pupilage; and there they are not only maintaining their preëminence, but holding their ground as active working-men in the field of medical science.

This illustrates a fact which cannot fail to impress an American observer in Europe, viz: that age, wealth, honors, and the highest official position are considered in no degree inconsistent with continued application to scientific pursuits. Ease and retirement, the *ignis fatuus* of an *otium cum dignitate* do not entice from the paths of industry. To die in harness appears to be coveted in preference to a living death of inaction and imbecility. So died ROUX, a few days before my arrival at Paris, in the language of an eulogist, "pen in hand," leaving unfinished, "the scientific monument destined to crown his long and laborious career," a work entitled "forty years of Surgery."

I was struck, both in France and Great Britain, with the contrast presented to my eyes between the actual and apparent ages of most of the distinguished members of our profession whom I had the good fortune to see. Old men exhibited few of the evidences of declining years, and men of middle age retained the aspect of youth. Of the medical staff at *la Charité*, for example, VELPEAU, CRUVEILHIER and ANDRAL have reached an advanced period of life, yet their movements scarcely evince an approach of decrepitude, and in the discharge of their duties they do not show diminished quieness or vigor of intellect. When in London, I witnessed a surgical operation at St. Bartholomew's Hospital by LAWRENCE, performed with as much grace and dexterity, apparently, as if he were only in the meridian of life. Men who have long been distinguished, like RAYER, CAZENAVE, JOBERT, in Paris; CHRISTISON in Edinburg; STOKES in Dublin, seem to be in the prime of manhood; and others whom I could mention, the date of whose career of distinction is later, but still far from recent, we should class, from their appearance, among the youthful members of the profession. A signal instance of the latter occurs to me in the person of Dr. WALSHE, of London.

As regards the comparative duration of life, in Europe and America, of members of the medical profession, I am not prepared to form an opinion. Statistical dates adequate to decide this point, so far as I know, are wanting. But that the external manifestations of accumulated years, as a general remark, are less conspicuous than with us, and the body, if not the powers of the mind, maintained in a better state of preservation in spite of the influences of declining age, I think cannot be doubted. The causes of this difference are probably to be found in the custom, in this country, to engage earlier in active professional duties, to incur sooner domestic responsibilities, and in a variety of ways to guard with less care against circumstances involving wear and tear of the physical and mental constitution.

For the last twenty-five years, or more, Paris has been generally considered to possess greater facilities for pursuits connected with medical science, than any other city in the world. Students and medical men from widely separated quarters of the globe, have been attracted thither in greater numbers than at any other point.

Of late there has been some diversion in favor of other places, such as Berlin, Vienna, Giessen and Dublin; but the supremacy of Paris is still maintained. Fashion and the power of example have something to do, doubtless, in determining this influx from different countries. Aside from these influences, the attractions have been derived from the reputation of the Parisian teachers, the great resources for practical instruction, the wise policy with which the French government has instituted provisions for medical education and the promotion of medical science, and the liberality with which all the advantages of the metropolis are thrown open to persons of every nation, creed and complexion.

Instruction in every department of knowledge is provided at the University of France without expense to the recipient. The twenty-six professors constituting the faculty of medicine in Paris (as well as the professors in all the other departments,) receive stated salaries, and are in no measure dependent for their emolument on the number of their auditors. Moreover, until the establishment of the present Empire, every medical office, from the hospital *interne*, upward, was filled by means of a system of competition called the *concours*—a system designed to obviate favoritism, and secure success to the most meritoreous aspirants. The *concours* consists in a public trial as respects talent, scientific attainment, and skill in composition and speaking, made before a judicial board composed of members from the corps of professors. A candidate adjudged by the board to have given evidence of the greatest degree of fitness for the office competed for, receives the appointment. This, in the abstract, appears to be perfectly fair, and truly democratic. It is, however, a matter of notoriety that appointments have been obtained by extrinsic influences brought to bear on the judicial board; and it is well understood that certain persons, whatever amount of evidence they might give of fitness, must expect to fail from having rendered themselves obnoxious to a majority of the *faculty*. It has been sometimes proposed to transplant to this country the system of *concours* in the appointment of medical teachers; but we have already, virtually, such a system, more effective and satisfactory in its operation, than would be a closer imitation of the method pursued in France. As medical institutions are constituted in this country, any one whose at-

tainments and character afford reasonable ground for the belief that he will prove a successful teacher is almost sure to have an opportunity to demonstrate what he can do in that capacity; and in proportion as he is found to possess the elements of success, will he be called to occupy positions of honor and responsibility, whenever vacancies occur. With some exceptional instances, the competition for places in American medical schools is as fair as that existing in France. The very best security for this is the fact that the character and success of our medical schools depend mainly on their obtaining the best teachers that they can command. Moreover, the fact that the continued prosperity of institutions in this country depends chiefly on the efforts of their faculties, in connection with the fact that the emolument of the professors is determined solely by the amount of this prosperity, furnishes incentives to exertion, and a safeguard against relaxation of zeal and energy, which would not be expected to be operative to the same extent were the permanency of incumbents, and the compensation altogether independent, as in France, of the medical classes.

The system of *concours* has recently been abolished in its application to the appointment of professors, the present Emperor having appropriated the power of filling vacancies as they occur. It still remains in force, however, with respect to all other medical offices.

It is not to be inferred from the fact of instruction in France being gratuitous, that a medical degree is obtained without expense. The medical student, during his four years of pupilage, is obliged to register his name every three months at the *bureau* of the medical faculty. For each of these *inscriptions*, as they are called, sixteen in number, a fee is required. He is also obliged to pay a fee for each of the five examinations to which he is subjected at different periods of his pupilage; for the examination and printing of his thesis, for the study of practical anatomy, and for his diploma, the aggregate amounting to about $250, a sum somewhat greater than is demanded for two courses of instruction at the most expensive of American colleges. I am led to make this statement because it appears to be a current belief that a medical education in Paris costs nothing, and the gratuitous instruction in France is sometimes cited as a precedent for the action of certain

schools in this country, which have adopted a policy dictated by the supposition that their interests will be promoted by offering to students the temptation of low fees.

The medical student in France is under no obligation to attend the lectures given by the faculty. No evidence of his having listened to any of the professors is required for graduation. The inscriptions and satisfactory examinations, together with certain preliminary qualifications, among which are included a degree of batchelor of letters, or, in lieu thereof, a satisfactory examination in Latin and Greek, are alone necessary. This being the case, the several courses provided by the University are numerously attended, or otherwise, in proportion to the popularity of the teacher, and they are neglected entirely by the student if he thinks he can derive greater advantage from extra official instruction, and is willing to pay the small fees generally required for the latter.

The number of persons present at the different lectures given in succession at the school of medicine, varies greatly. Some of the professors draw a full house, others moderately, and in some instances the number of hearers is quite insignificant. I was present at a lecture by ADELON, on legal, or forensic medicine, when there were not more than a dozen in attendance. The lecture was entirely written, and read in a low monotonous tone of voice, the lecturer, much of the time, sitting with one elbow resting on the table, the hand supporting his head. Extra-official, or private lectures are also, of course, patronized in proportion to the reputation of the teacher, the importance of the subject, and the facilities for instruction at his command. The smallest audience which I saw assembled, was at a clinical lecture by M. TESSIER, a homœopothist, who has succeeded, thus far, since his profession of the creed of Hahnemann, in holding a situation as one of the attending physicians of the hospital Beaujon. On that occasion there were three medical students present! This may be regarded as a fair commentary on the estimation in which homœopathy is held at the present moment in Paris.

The lectures by the medical faculty of Paris are all given at the school of medicine, in the same lecture room. For the anatomical and chemical, as well as all the other courses, no other place is provided. The lectures which succeed each other follow with

scarcely any intermission, and, hence, owing to the change of auditory, the beginning and end of each lecture are not a little disturbed by the ingress and egress of a greater or less number of persons. In comfort and elegance their common lecture-room will not compare with the average of those in American colleges. The walls are dingy with smoke and dirt; the benches are rough and without backs. In the latter particular the French have exhibited their usual tact, the construction of the seats being well calculated to obviate the loss of consciousness, if not to induce attention on the part of those in attendance. In all the hospital amphitheatres, and private lecture-rooms, plain, backless, and not over neat benches only are provided, a fact which may be commended to the consideration of those who sometimes express dissatisfaction with *our* comparatively luxurious accommodations, being solicitous, it is presumed, for still greater facilities for somnolency!

With very few exceptions, the professors are seated during the delivery of their lectures. This accords with the style of lecturing which is almost uniformly purely didactic. Contrary to what might be expected from the ardent temperament of the French people, and the amount of gesticulation usually exhibited by their public speakers, the scientific lectures are delivered in a quiet, colloquial manner, without any effort at rhetorical or oratorical display. The lecturer generally engages at once in his subject; very rarely indulges in any digressions, or episodes; seldom takes pains to relieve the attention of his hearers by an amusing anecdote, and at the expiration of his hour abruptly closes. None of the lecturers that I heard were deficient in ease and fluency, but they rarely exhibited animation or enthusiasm in their manner of delivery. The clinical lectures by TROUSSEAU, at the Hôtel Dieu, were more marked by the latter traits than those of any other teacher to whom I listened. The lectures by the distinguished physiologist BERNARD, which were beautifully lucid, and intensely interesting, might be said to be singularly modest as respects the traits just named, in view of the fact that they were in a great measure devoted to an exposition of the results of his own experimental observations, results which have contributed, within the few past years, to change materially the aspect of physiological science.

As regards the mutual relations of professor and pupil, I saw nothing to provoke criticism. The demeanor of the classes in the lecture-room, and at the hospitals, was considerate and respectful. No exceptions to this rule of conduct came under my notice. On the other hand, the bearing of the teachers was uniformly courteous, and free alike from a degree of reserve amounting to coldness, and an affectation of dignity repelling approach.

A concourse of medical students in Paris presents a motley collection. A variety of countries are represented, England, America, Spain, Portugal, Turkey, Sweden, the German States, and even the African race is not without its sable delegates. The diversity of costume is not less than of physiognomy. In external indications of intellect I do not hesitate to say that a class of American students would in no respects suffer by comparison. And as regards habits of application, from all that I could learn, the result of such a comparison would be decidedly in favor of the latter. The French medical students, as I was credibly informed, are not, in general, distinguished for devotion to pursuits pertaining to medical science, save in so far as is requisite to fit themselves to pass the prescribed examinations. I make this statement on the authority of one of the most eminent of the *agrégés*, or assistant professors of the University, and it accords with what I learned from several sources. The intervals between lectures, by a large proportion, are habitually spent at *cafès*, and the various places of amusement with which the French metropolis abounds. The private courses of lectures and demonstrations, constituting the most valuable portion of the educational advantages which Paris offers, are in a great measure sustained by the foreigners resorting to Paris for professional improvement. I trust it may be long ere a comparison is even admissible between the majority of medical students in Paris and America, in refinement and moral habits. In this point of view the former have a notoriety even in the public opinion of Paris, which is very far from enviable.

The preëminent position which Paris has so long held as a field for instruction and research in medical science, is generally attributed, in a great measure, to the extent of its clinical resources and facilities. It contains eleven civil general hospitals, and

seven or eight special hospitals, exclusive of various charities for the relief of the aged, foundlings, orphans and the insane. All these institutions are under the direction of government; and clinical instruction is not only permitted, and, in every way, under proper regulations, facilitated, but it is made obligatory on the part of those of the hospital physicians and surgeons who are clinical professors in the university.

A very large proportion of the citizens of Paris, when attacked with disease, resort to the hospitals. During the year 1851 there were admitted into the general and special hospitals collectively, 85,760 patients, of which 61,005 were medical, and 24,755 surgical cases. Of this number 7,201 died. The proportion of fatal cases thus being not very far from one for every twelve persons admitted. The *hospices and maisons de retraite*, (sanitary retreats) in addition, received, during the same year, 9,290 cases. These facts certainly show an immense amount of clinical material. But the advantages to the medical student, and to the clinical observer, pertaining to so vast a field, are in many respects more apparent, than real. The visits at all the hospitals take place in the morning between the hours of seven and ten. The charge of the cases at each hospital is distributed among several medical and surgical officers, allotting to each, never more than a hundred beds. Of the diseases and operations, therefore, which are daily to be seen at the different hospitals, a student, each day, can only see, in connection with the medical or surgical officer in attendance, those which are presented in a collection of one hundred patients. He may gratify his curiosity by visiting, on different days, different hospitals, or different wards of the same hospital, but there is little advantage in this beyond the mere gratification of curiosity; and, in fact, they who wish to make the most profitable use of time usually select the service of some one surgeon, or physician, confining themselves, mainly, to his wards. In the range for selection, therefore, consists the chief advantage to be derived from the large number of hospitals which Paris contains. Moreover, the benefit derived from clinical studies depends not on a large number of cases, but on the use which is made of a few.

A hundred medical cases, in a general hospital, are more than

a physician can properly examine, and divides too much the attention of the student. A distinguished teacher and author, who is, at this moment, working as effectively as any one in clinical studies, I refer to Dr. WALSHE, of London, has charge of but twenty beds. He declares that he cannot do justice to himself, his patients, and his classes, if this number be increased. And from this amount of material he has collected data for valuable statistical investigations, witness his reports on cancer, and pulmonary consumption, in addition to his excellent treatise on diseases of the lungs and heart. It is in the *special* hospitals that the advantages pertaining to the large clinical resources of Paris chiefly consist. Institutions restricted to cases of certain diseases, as for example, the St. Louis hospital devoted mainly to diseases of the skin, undoubtedly are of great advantages to persons desirous of making the study of these diseases a special pursuit. In this respect, probably no other city in the world affords equal opportunities. But so far as concerns the general objects of clinical researches and instruction, that is, for the study of miscellaneous diseases, an institution of the size of the Louisville Marine hospital is abundantly ample.*

The administration of public relief in Paris is admirably systematic and complete in all its details. Excepting accidents and urgent cases, patients apply for hospital aid at the "central bureau of public assistance." To this bureau are sent daily reports of the number of vacant beds in each hospital, and cases are examined and distributed among the different institutions by a medical officer in attendance for that purpose. In the intercourse of the medical and surgical officers with the patients I was struck with the manifestations of consideration and kindness, which were almost uniformly exhibited. In neatness and order few exceptions could be taken, although, in these, and all other particulars, well regulated American institutions are not inferior, and none of the haspitals which I visited in Europe, in elegance could be compared to the Massachusetts general hospital at Boston. The latter is probably the finest hospital in the world.

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*I should remark that in making these statements I have in view more espe cially the study of diseases exclusive of surgical operations. The statements will not apply to the latter with the same degree of force.

It may be expected that I shall say something of French medical practice. The opinion generally obtains out of France, that therapeutics, in that country, receive very little attention. Some one has said that a fatal termination of disease is considered by the French practitioners to be an element of success in the management of cases, because the physician is then enabled, by an autopsy, to verify the correctness of his diagnosis! This, of course, is an humorous exaggeration; but it is unquestionably true that active remedial agents are employed less freely and uniformly than in American, and still more in English practice. The French physician is oftener satisfied to watch the progress of disease, and, relying on the recuperative power of nature, content himself with the regulation of diet and hygienic measures. If he err in carrying this system to an extreme, in certain cases, it must be admitted that the tendency, with English practitioners especially, and, to a greater or less extent, with many of those of our country, has been to an opposite extreme. Without discussing this point, which would be impossible on the present occasion, I will dismiss it with the remark that a *juste milieu*, a middle ground, is perhaps in general the most consistent with our present knowledge of the *ars medendi*. In not a few respects, I do not hesitate to express the belief, diseases are better managed by judicious American practitioners, than in Paris. We could certainly reciprocate the obligations we are under to the French by some valuable hints concerning the treatment of diseases; but such an interchance of commodities is not very easily effected. The French adopt practically the precept that it is better to give, than to receive. They are willing to supply oil to feed the lamps of others, but they do not conceive it possible for themselves to stand in any need of the reciprocity of such a favor. As respects the importation of scientific truth, our Gallic friends are nearly as isolated as if an embargo were placed on this kind of commerce. A small proportion only of their leading medical men are acquainted with the English language, and so imbued are they with the sentiment that scarcely anything of great value can emanate elsewhere than in *la belle France*, that they are slow to attach importance to aught that may be proffered to them from abroad. I should be sorry to do them

injustice by these remarks, but I could not avoid such an impression as the result of my observations and inquiries.

An instance illustrative of the great simplicity of Frence therapeutics, with which both physician and patient is satisfied, was related to me by M. BOSSANGE, a gentleman whose courtesy to Americans is well known to most of those who have visited Paris. He informed me that Dr. CAPURON, a medical author of some merit, who died, at an advanced age, not long since, was for 20 years his family physician. During this period his children were born and reared, and numerous cases of illness occurred, but on no occasion could he recollect that he had procured aught from any apothecary save leeches. Aside from the latter, the remedies consisted wholly of domestic *tisanes*, conjoined with regulation of diet and regimen, and baths. In no instance had disease terminated fatally in his family, and he was very well contented with his choice of a physician.

M. CAPURON had some excentricities which it may be interesting to mention, since his name has been introduced. He was what the French term a *vieux garcon*, in other words an old bachelor, and exceedingly economical. As an illustration of the latter trait, M. BOSSANGE told me that once, or oftener, every year, he invited him to dine, and as he lived at a distance, and kept no riding establishment, he invariably came in a public carriage. As soon as he was admitted he requested the servant to pay the coachman for bringing him to the house. His frugality did not end here. After every such occasion he regularly entered a charge against his host for a professional visit; so that M. BOSSANGE had not only to give his physician a dinner (which by the way in Paris is a dinner saved), but defray his travelling expenses, and pay the usual fee for a medical visit in the bargain! Nevertheless, with true French politeness, no exceptions were taken by the patient to the conditions upon which his hospitality was accepted, and the invitations were regularly made and duly honored for twenty years.

By his habits of accumulation, M. CAPURON rolled up during a long life, three millions of francs. He was accustomed daily to visit some one of the hospitals, but finally settled on the service of BOUILLAUD, having arrived at the conclusion that he was the ablest

of the faculty; and in testimony of his preference, he left at his death the bulk of his large property to the fortunate physician of *La Charité.*

The medical stranger in his prominades in Paris naturally looks around for the houses, or offices of his professional brethren. He looks in vain, however, for any *insignia* by which he may distinguish them. With us, as is well known, a practitioner is sufficiently considerate of the public welfare to notify passers by, in letters so plain that he who runs may read, of the fact of their being in the immediate vicinity of places where medical and surgical aid may be obtained. No such philanthropic intimations are extended to the Parisians. They are obliged to find the residences of doctors as they best can, it being considered unprofessional, and disreputable, to put out signs, or even to display a modest door-plate. It is presumed that if a patient desires the services of a particular physician or surgeon, he will take pains to discover his place of abode by making inquiries, or resorting to the directory. It may be asked, "are the irregular practitioners guided by this rule of professional propriety?" A class of irregular practitioners, so far as I could learn, does not exist in France. The practice of medicine and surgery is confined to those legally authorized. The medical profession proper, consists alone of graduates of the University of France; but for those who are better satisfied with practitioners of an inferior education, a lower order is provided, called the officers of health, (*officiers de santé*). To obtain a license as an officer of health, certain attainments are required, tested by an examination, but much below those requisite for an university degree. The greater number of the health officers are distributed in the rural departments. The number registered in Paris in 1853 was only 179, the number throughout France for the same year being 7,126. The number of doctors in medicine in Paris, in the same year, was 1,337; the ratio of both orders of practitioners, collectively, to the population, being 1 for 763 inhabitants. This proportion is much less than in any of the cities of our country. In the departments the ratio is still smaller, being one practitioner for every 1,000 inhabitants. The explanation of the comparatively small number of medical practitioners in France, is to be found in the expense attending a medical edu-

cation, taking into consideration the support for four years, in addition to the fees; and in the fact that the laws forbidding, under severe penalties, any but those legally authorized to practice, are likely to be enforced.

My discursive remarks, gentlemen, have already occupied so large a portion of the hour, that I must hasten to say a few words in conclusion, on a topic which I do not wish to pass by in silence. The question has been repeatedly put to me since my return, "well, what do you think of medical students or young physicians going to Paris for professional pursuits!" It was an object of interest with me to prepare myself to answer this question, and I avail myself of the present occasion to do so in a few words. In my opinion, the step is one of doubtful expediency for the following reasons:

The language is not a trifling obstacle in the great majority of cases. A knowledge of the French tongue sufficient for ordinary purposes may doubtless be attained by a moderate expenditure of time and labor; but a degree of proficiency by which it ceases to be not a small obstacle in the acquisition of accurate knowledge by means of oral instruction, demands more patience and application than most persons are willing to bestow.

Another source of difficulty, as well as danger, is the fact that a young man is placed in the midst of great advantages often without chart or compass to direct his steps. With no fixed direction of tastes or pursuits, not having before him any special objects, in many instances habits of application remaining to be formed, he is confused by the multiplicity of the opportunities by which he is surrounded, and in his perplexity perhaps selects no definite paths of study. Under these circumstances he does nothing beyond gratifying his curiosity, by seeing different men and institutions, which, if continued, tends to dissipation of the mind, instead of contributing to any solid improvement.

A greater objection still, relates to the temptations to pleasure and vice which meet him on every side. Removed so far from the influence of home and friends, and without the wholesome restraints of social associations or even public opinion, it demands greater stability of purpose, and moral strength than fall to the

lot of many, to resist allurements which (aside from other pernicious effects) seduce the mind from its attachment to scientific pursuits.

These reasons for the opinion I have expressed are not based on theoretical ground. They are often enough illustrated, notwithstanding the numerous honorable instances in which they fail to be practically exemplified. The advantages, as a general remark, are not sufficient to render it good policy to incur the liabilities to disappointment. If time permitted, I should be glad to discuss, at some length, the several points which would be suggested by a comparison of the resources for medical pursuits which may be made available at home, with those which exist abroad, so far as my acquaintance with the latter extends. Such a discussion however, must be reserved for some other occasion, or postponed indefinitely. While I admit freely that in some important particulars we labor under present disadvantages in this country, they are not such as may not be overcome by individual energy and perseverance. It is a striking attribute of studies pertaining to the phenomena of life, in health and disease, that they have no necessary connection with time or place. External incentives, facilities and helps are useful and desirable, but a determined purpose, and persisting industry, may accomplish as much in the several departments of our science in America as in Europe. I should not have to go far to cite examples of this truth. A proper ambition and self-reliance, as individuals, together with concerted action, more mutual confidence and a spirit of independance in the American medical profession, as a body, are all that is necessary to effect objects which will make our country as distinguished for its contributions to the progress of medical science, as it is for what it has already done in behalf of civil and religious liberty.

Gentlemen of the Medical Department of the University of Louisville: As the organ of the Faculty on this occasion, I bid you welcome to this institution. I feel assured that I convey the sentiments of my colleagues when I say, that, in greeting you as pupils, we would receive you as friends, and, prospectively, brethren in the profession which we love and honor.

On our part we meet you with a determination to employ our best efforts to render your connection with the University of Louis-

ville, in every respect, agreeable and profitable to yourselves. We look, on your part, for a disposition to avail yourselves, to the utmost, of the advantages which will be placed at your disposal.

Incited and guided by such sentiments, with the blessing of Divine Providence, we may engage in the labors upon which we are about to enter, with the confident assurance that our mutual hopes and efforts will be crowned with success.

NOTE.—After the foregoing address had been placed in the hands of the printer, I was favored with a copy of an introductory lecture delivered at the opening of the present session of the Jefferson Medical College, by Prof. ROBLEY DUNGLISON, in which are enunciated views concerning the propriety of going abroad for medical knowledge, somewhat similar, in their tone, to those which I have advanced. I cannot forbear expressing a sense of gratification that my conclusions on this subject are in accordance with those entertained by one so distinguished, and whose opinions on matters pertaining to medical education are entitled to the highest consideration. And I avail myself of this opportunity to acknowledge the pleasure and profit derived from the personal intercourse with Prof. DUNGLISON, which I was privileged to enjoy at Edinburgh, and during my return voyage across the Atlantic.

ART. II.—M. DEVERGIE ON BATHS, ETC.

TRANSLATED FROM THE FRENCH BY PROF. FLINT.

(*Continued from page* 345.)

PHYSICIANS in general are but little acquainted with the potency of vapor baths and douches. Originated at the St. Louis hospital, instituted under the direction of DARCET, these baths have extended thence into Paris until there exists perhaps twenty establishments in the city. One can estimate the efficaciousness of these baths by what has been done at the St. Louis hospital, and what is now done there. Formerly numerous equipages were to be seen standing at the hospital gates having brought there some of the wealthiest of our citizens who came to seek in these baths relief of their sufferings. Now of more than 150,000 baths prescribed for our patients, 100,000, perhaps, are vapor baths. To the above statement it is to be added, they are taken daily by more or less of the 800 inmates of the hospital. If to this enormous number are added the vapor baths administered at the *Maison de Santé*, and the hospital *de la Charité*, and at the hospital *Beaujon*, as well to patients in the hospital as to out-patients, and then those which are taken at public establishments in the city, *Tivoli*, *Les Néothermes*, *Bains Sainte-Anne*, *Bains d'Alger*, etc., etc., the sum total will bear a large ratio to the population.

These baths, at the present time, are preferred by many persons to baths of water. One experiences, in fact, from a Russian bath a greater degree of comfort than can be procured from a simple bath, especially in winter, when it promotes the functions of the skin, gives suppleness to the limbs and relaxes the tissues stiffened and contracted by the cold. But this revolution which has taken place as respects the choice of baths is confined to the city; it has not extended to the country, and this is so far the fault of physicians, that two of the chief commercial cities in France may

be cited, in which vapor baths having been instituted, the patronage is so little that a bath does not cost less than six francs, while in some establishments in Paris it has been reduced to sixty *centimes* (about twelve cents). I may be permitted, then, to enter into some details which will lead to a comprehension of their efficacy and inportance. I shall be happy if I am able to induce my brethren in the departments to recommend the employment of these baths and to favor their establishment, since thereby I shall have rendered an immense service to the people.

And, in the first place, what is a vapor bath? What are the several varieties of vapor baths, portable, sweating, Russian and Turkish? A vapor bath has for its object to produce a copious artificial perspiration. This sweating when it is produced by dry heat constitutes a fumigation (*en boite*) which may be aromatic, sulphurous, mercurial or simple. These fumigations may be made in cubic boxes, called *à la Darcet*, in which the patient is seated, having the head only without the box, protruded through a hole made for that purpose in order that the respiration may be free. Under these circumstances the perspiration is produced by the stimulant effect on the skin of the caloric of the atmosphere in which the body is placed. In certain establishments for the use of mineral waters, an analagous effect is obtained by means of water which escapes from the earth, having a temperature raised to 50, 60, and 70 degrees (*centigrade.*) (120°, 140°, 158° Fahr.) Thus at *Néris*, at *Aix en Savoive*, and in other localities there have been constructed over the springs, which are surrounded by walls like those of wells, a series of *cabinets* into which air warmed by the water enters, producing rapidly copious perspiration. To a sweating bath of this description is generally applied the title of a *hell*. The conditions here are very superior, and with a temperature considerably lower perspiration is produced more rapidly, more abundant and with less discomfort than in the boxes. However the details upon which we are about to enter will prepare us ts understand the superiority of vapor baths over the preceeding, and over those called portable. In the fumigating boxes sweating is produced entirely by the action of heat on the skin, and the higher the temperature is raised, the more the patient transpires. But this artificial heat diffused over the surface affects powerfully

the respiration, occasions a tendency of blood to the lungs and head, bringing on palpitations and cephalalgia. When, on the other hand, the patient respires the heated air which is to produce sweating, the pulmonary exhalation favors singularly the transpiration from the cutaneous surface, and the circulation is less excited. So true is this, that it suffices to place the face over a vase containing hot water in order for the whole body to be bathed in perspiration.

Since, then, pulmonary exhalation induces speedily sweating on the surface, and without any inconvenience, it follows that a conjoined action upon the skin and the pulmonary mucus membrane, must be much more conducive both to the production of sweating, and the comfort of the patient.

As there are portable vapor baths of which I shall frequently speak, so there are small apparatus for generating hot air, designed as a substitute, in a measure, for the fumigating boxes. The council of public health and salubrity of the Seine, at the epoch of the cholera in 1849, entertained the project of furnishing to the poorer classes a means potent, rapid in operation and cheap, for inducing reaction in the algid stage of cholera. M. Cadet de Gassicourt proposed an apparatus very simple which was adopted, and which is still employed in most of the hospitals of Paris, and especially at the St. Louis hospital where it is often an object to produce copious sweating in cases of repercussion of cutaneous diseases, in rheumatic affections, as well as in choleraic accidents. This apparatus consists of a cone of sheet-iron somewhat larger than a sugar loaf of the largest size, having at the lower part a small door through which is introduced a spirit-lamp with three wicks, the cone terminating at the summit in a tube of sheet-iron, with an elbow, enlarged and funnel-shaped at the extremity. The tube admits of being elongated and shortened at will, the ends of the portions of which it is composed entering into each other. To use this apparatus, designed for patients who cannot leave the bed, the cone is placed on the floor, the pipe with the elbow attached to it, and the extremity of the latter, introduced into the bed. The bed-clothes are kept raised from the body by means of half hoops, such as are used in fractures, placed crosswise and along the length of the bed. Matters being thus arranged, a spirit-lamp

is placed within the cone, the three wicks are lighted, and when the patient is in full perspiration, if the heat be too great, one or two of the wicks are extenguished by means of small covers made for that purpose. In six or seven minutes perspiration is usually established, and it is practicable to regulate its duration, and to graduate it as may be desired. It facilitates the end to cause the patient to drink water at a temperature neither warm nor cold.

Coming to the subject of vapor baths, these are taken in a sweating-room (*bains en étuve*) or they are portable. The latter have been extensively used, having the advantage of being taken by the patient in bed, or in a chair in his own chamber. Moreover, a small apparatus costs but a small sum. The apparatus, *Adam*, consists of a sphere of copper terminating with a tube of 25 to 30 *centimètres*. Water in the sphere is heated by a spirit-lamp, and aromatic plants are placed in the water.

Another apparatus is on the same system, but with modifications in form. It consists of a sheet-iron vessel holding from two to four pints, which is placed on a charcoal furnace, and ebullation produced under a pressure somewhat greater than that of the atmosphere, so as to furnish, by means of a long tube, vapor at will, and at any given point in an apartment. A pipe connected with the heating apparatus is introduced into the chimney. This apparatus distributes as much vapor as may be desired, while others either fall short of the requisite quantity, or heat the patient too much. It is much more expensive, costing from eighty to one hundred francs, while the cost of the others ranges from twenty to fifty.

All these contrivances for vapor baths are mere playthings. They all produce perspiration by elevating the temperature of the skin, and consequently the sweating is difficult, more or less fatiguing, and in no degree comparable to a bath in a sweating-room.

The bath in a sweating room (*d'étuve*) requires a collection of apparatus suited not to give one bath only, but a certain number daily. And, first, is necessary a generator of vapor, or a steam boiler, in which water may be raised to 120 degrees (*centigrade*; 270° Fahr.) of temperature. From this *generator* issues a tube leading to a small chamber ordinarily constructed of wood, of a cubic space from 10 to 12 *mètres*, (a little over 32 feet). In this

chamber is a bed of wood, or cane, on which the patient lies. Beneath this camp-bed, toward the foot, is situated the stop cock regulating the escape of the vapor. The latter should never be left to the control of the person taking the bath, but should be in the hands of an attendant who does not leave the patient. A centigrade thermometer is placed so as to be seen by the patient, and it should be of alcohol colored red, upon a white ground, in order that the degrees which it denotes may be very conspicuous. Within reach of the patient, also, should be placed a basin in which water will not remain, running off through a waste pipe. This basin should contain a large sponge, and situated above it a tube conducting cold water regulated by a stop cock. The sponge thus imbibing water constantly renewed, is designed to be used in moistening frequently the forehead and face of the person taking the bath to obviate congestion of the head.

In a part of the room opposite to the camp bedstead, toward the ceiling, there should be a large reservoir for showering, capable of furnishing a shower of rain of some duration. Into this reservoir should enter a tube for warm, and one for cold water, which admit of being opened separately by means of bent levers with wooden handles falling within reach of the person taking the bath, or the attendant, by means of which may be given at will a *douche* of warm, or of cold water, or of warm and cold water commingled. It should be a shower of water rather than a *douche*, and it answers very well to have two reservoirs a little elevated, the one filled with warm, and the other with cold water.

The door of the sweating-room should open both ways, and be without latch, or any fastening, so that in case of accident the person taking the bath may be able to get out by pushing the door before him. This door, moreover, should have inserted in it a large pane of glass permitting the attendant to see what is going on within the room in case he should be momentarily without. Such a collection of apparatus has tended to place it beyond the thoughts of many to institute baths of this kind on account of the first cost. The expense, however, is little or nothing when the mode of production is well understood, and when the steam is applied to other purposes. A very small boiler suffices to heat a large mass of water, and a little fire only is needed to heat a small

generator of steam. Hence, economy is consulted in heating all the water used in a bathing establishment by means of steam thu developed, so that the *generator* shall not be exclusively for the vapor baths at the same time that they may be given at any moment without the necessity for the expenditure of heat specially for each bath.

Finally, near the sweating-room there should be a *cabinet* containing a couch on which the patient may repose, provided with coverings sufficient to develop and maintain sweating. Hospitals, in place of a room suited to contain but a single patient, should be provided with a larger apartment, in which are arranged semicircular steps on which the patients seat themselves; and in proportion as the patient takes a higher position in this sort of amphitheatre, the temperature is more elevated, the vapor, in proportion to its heat, rising to the upper part of the room.

Resting here, I will proceed to indicate how vapor baths are to be taken. With respect to this point varieties are distinguished by the names of *simple baths*; *Russian baths; baths with shampooing, anointing, etc., called Turkish baths.*

Different modes of administereng vapor baths.—The most simple bath consists in placing the patient, nude, on a camp bed, the sweating-room, by the previous emission of vapor, being heated to 35 degrees centigrade, (95° Fahr.) After some minutes the temperature is raised, gradually, by opening the stop-cock to admit the vapor one half, so as to increase, successively, to 38, 40, and 42 degrees, (100°, 104°, and 107° Fahr.) This temperature is sufficient for persons of a lymphatic or lymphatico-sanguine temperament who sweat readily. Once produced, it may be maintained by opening, from time to time, the stop-cock, or by leaving it open a sixth or an eighth of its diameter. This is the temperature suited for all patients affected with moist or secreting affections of the skin. By raising the temperature above this point, the skin is irritated, and the condition of the affected parts is aggravated, instead of being relieved.

A person sweating with more difficulty requires a higher degree of temperature; but, under these circumstances, I prefer not produce perspiration until the third or fourth bath, and to maintain the low temperature. When, however, it is employed in

rheumatic affections, in which it is not only necessary to obtain sweating, but is useful to produce a certain excitation of the skin, the temperature of the room may be carried to 50 or 55 degrees, (122°, 131° Fahr.) The latter is customary at all the vapor baths in Paris. It is very injurious for diseases of the skin, and I have often much trouble in obtaining a decrease of temperature for my patients. Moreover, a vapor, as well as a water bath should be agreeable to the patient, and whenever it induces notable palpitations, headache, or a sensation of heating in the head, it is too hot.

The duration of the bath is usually from twenty to twenty-five minutes.

The bath taken as just mentioned is less favorable than when modified as follows: After ten minutes, the patient is placed under a shower of water, at first of moderate temperature, and cooled by degrees, the whole time occupied being from one to two minutes, the patient then being replaced on the camp bed. The same *douche* is again given after ten minutes; and, finally, a *douche* of very warm water is applied to the feet.

After the bath the patient is clothed in a heated dressing-gown and a wollen cloak; the head and ears being enveloped in a hot towel. He is placed on the couch, in an extended position, the arms lying along side the body, the feet and limbs encased in a very warm towel, the body rolled in several coverings, and left to himself. Free sweating ensues, and after twenty minutes he should be directed to separats his lower limbs, and remove the arms a little from the body, in order to diminish the perspiration. He remains three quarters of an hour on the bed, when he dresses himself, leaves the establishment, and takes a brisk walk to keep up a moisture on the surface, or, if this course be not pursued, it is best that he be taken home in a carriage.

In the Russian bath the patient is heated rapidly by applying vapor raised to 55 degrees of temperature, (131° Fahr.); and after some minutes he is placed under a *cold douche.* The sweating and the *douche* are repeated four or five times in the space of twenty or twenty-five minutes. Then, with a broom made of the leaves and fine twigs of birch, the surface of the body is flagelated

in order to stimulate the skin; after which the patient wipes himself, dresses, and takes a brisk walk.

In the oriental bath not only are these operations practiced, but added to them is a shampooing of all the muscles, after applying soap over the whole surface, and this is followed by washing the skin several times, and, finally, friction with essences.

In the employment of these baths what ought especially to occupy the attention of the physician are the effects on the circulation. These consist, with some persons, of beatings in the head more or less violent; with others, of palpitations, and with others of a sense of oppression. The two former are almost always soothed, first by baths less heated, and second by the repeated use of the cold sponge applied upon the head and over the region of the heart. As regards the oppression it is only temporary, and it is a matter of observation that the persons who bear with difficulty vapor baths, bear with still greater difficulty the weight of water in bathing houses. However, as the height from which the water falls in the latter can be diminished, which we cannot do as regards the vapor bath, it follows that it is necessary to use much moderation in applying the latter in such cases.

I have never known grave accidents to occur in a vapor bath, except they were the results of imprudence or negligence.

A circumstance important to be kept in mind is, that a vapor bath may be taken after eating. Indeed, it is better that it should not be taken fasting, but after soup or broth. In a word, these baths do not disturb digestion as do water baths.

As respects vapor *douches*, they are given by means of a tube joined to a conducting pipe. They are always given *en jet*. It is customary to take them as warm as possible.

ART. III.—CASES AND OBSERVATIONS.

BY W. H. COBB, M. D., OF GLASGOW, MO.

Nitrate of Silver in Diseases of the Cervix Uteri.

IN common with most practitioners, I have experienced much difficulty in introducing the common Nitrate of Silver within the uterine neck, the caustic being too brittle to render such a proceeding entirely free from risk. All practitioners, who have had much experience in treating diseases of the cervico-uterine neck, must hence feel the need of some combination or modification of the caustic, which rendering it less friable, should divest its introduction of the danger of its breaking off, while it preserved the properties of the nitrate. With a view to obviating this difficulty, Dr. VAUGHAN and myself instituted a series of experiments, combining the nitrate with gum-arabic and other adhesive powders. The result of these manipulations was that by mixing equal parts of powdered caustic and gum-arabic, we formed a compound at once flexible, less fragile, and capable of producing the usual effects of the original nitrate. They were thoroughly incorporated together with rain-water, rolled into cylinders of the proper dimensions and protected from the action of the light in the same manner as the common caustic. While conducting these experiments Dr. VAUGHAN accidentally brought a portion of the compound thus formed in contact with the blaze of a candle and was surprised to find that it burned with a rapid combustion without sparks, leaving a greyish-white residum. The residum was found upon examination to be metallic silver in a state of minute subdivision, and when freed from impurities by washing with distilled water, might be used by the dentist in forming amalgams, or reconverted into the nitrate. It also occurred to us upon examining the mode of combustion, that the nitrate, thus modified, might subserve the purpose of a moxa superseding the cotton moistened with a solution of nitrate of potash, or other substances employed. It could

be attached to the skin by paste of gum-arabic, moisture not interfering with the combustion, and when ignited it would cause sufficient counter irritation for most purposes. As to the chemical character of the deflagrating substance I cannot speak with certainty. Can you favor me with a solution of the problen?

I know not, Mr. Editor, whether you will deem these results of sufficient importance to merit a place in your journal, but should you, I would be pleased if you would publish them.

Gunshot wound of the Knee joint.—Recovery.

As much interest has been excited in the surgical world by attempts at revival of excision of the knee-joint, and all facts bearing upon inflammation of that articulation cannot fail to be of importance, as bearing indirectly upon that question, I have thought that perhaps your readers would feel interested in the details of a case related to me by Dr. Vaughan of this place.

Dr. Hennen, whose opportunities for observation were most ample, and zealously prosecuted, says, in his work entitled the *Principles of Military Surgery*, of injuries of this joint, "in my own practice, I have met with only two cases where the limb was saved after serious gunshot injury, and in one of them only was the perfect use restored." The case in which there was complete restoration of the functions of the joint was that of Lieut. Col. R., — dragoons. The patient was wounded at the battle of Waterloo, the musket-ball entering the outer side of the right knee-joint. During seven days, which included the period of inflammation, the quantity of blood lost both by general and local bleeding, amounted to two hundred and fifty ounces, "while the quantity of food taken during these seven days, or rather the last four, that in comparison of Valsalva's diet was excess." I have cited this case not merely to show the danger attendant upon gunshot injury of the knee-joint, but also because there are many points of similarity in the treatment between it and the one I am about to record.

In the year 1850, Dr. Vaughan was summoned in haste to see Judge G. of Saline county, Mo., who, while hunting, had received an accidental shot from one of his companions. The missile, a

large sized buck-shot, entered the knee-joint about midway between the patella and the inner hamstring. Dr. V. saw him first some five or six hours after the receipt of the injury, with Dr. Powell of Cambridge; he was then suffering considerable pain, and experienced some difficulty in moving his limb. Was ordered a brisk cathartic of sulphate of magnesia, and the continuous application of ice-water dressings, with absolute rest of the limb; as diet he was restricted to the use of three water-crackers per day and three cups of cold water. On the fourth day after the receipt of the injury, traumatic fever supervened, he was copiously bled from the arm, and in the absence of leeches cut cups were freely applied to the neighborhood of the articulation. A solution of tartar emetic was administered to nausea and the saline purgatives repeated. Under this vigorous treatment, the inflammation receded, and the case progressed favorably till the tenth day, when the wife of the patient supposing that Dr. V. really intended to carry out his laughing threat to starve her husband, imprudently allowed him to take a cup of coffee, with a buttered roll and a small piece of steak. The result can be easily foreseen. In a few hours the patient was writhing in agony, the inflammation violently increased in the joint, and the fever re-induced. Ordered a solution of tartar emetic which vomited him freely, and was then continued in nauseating doses for twenty four hours, cups were also applied. By these means the inflammation was again subdued and he recovered without any further inconvenience than a joint slightly stiffened for a few months, but which recovered its functions completely in a short time.

There are two or three points worthy of note in this case. 1st. That under the rigid treatment, dietetic as well as medicinal, to which this patient was subjected, not the slightest suppuration of the wound appeared, nor did a single abscess form about the joint. 2nd. The beneficial influence exerted upon the wound by the diet, a diet so rigid that truly it could be said of it, "in comparison, the diet of Valsalva was excess;" and the immediate untoward effect exerted by the judges, so far deviating from the directions as to eat a buttered roll and a piece of venison steak not more than three inches square.

Glasgow, Mo., Oct. 29, 1854.

ART. IV.—GUM MEZQUITE AS A SUBSTITUTE FOR GUM ARABIC.

BY GEORGE G. SHUMARD, M. D.

FORT SMITH, ARK., Oct. 20, 1854.

PROF. YANDELL:—

Dear Sir, having just returned from an exploration of the head waters of the Big Witchita and Brazos rivers, I hasten to communicate to you a discovery which may hereafter prove to be of considerable importance, and which I would be pleased to have you announce in the *Western Journal of Medicine and Surgery*..

While on our journey I was surprised to find exuding from the *Mezquite Tree*, (a well known tree of the plains,) a light amber-colored gum, which upon examination I found to possess properties very similar to, if not identical with, those of the best gum Acacia. Delighted with the discovery, I resolved to follow up the investigation, and have succeeded in collecting a mass of facts, a portion of which I may hereafter embody in a separate article for your journal. For the present I will merely refer you to the inclosed copy of a note to Ex-Gov. DREW, Superintendent of Indian Affairs.

Along with this I send you a fair average sample of the gum which I would be pleased to have properly tested either by yourself or Prof. SILLIMAN. The different lumps in the sample are all from the same tree. I have employed it medicinally in several instances and find it answers the purpose of the best gum-acacia. With water it forms a beautiful mucilage which for medicinal purposes I have even thought superior to that of gum-acacia, while for a proof of its great tenacity I will refer you to this package, with which it is sealed.

My scientific collection consisting of speciment in zoology, conchology, geology, &c., (besides being very large) is highly inter-

interesting. The fossils alone number several thousand specimens and will no doubt furnish a number of new species; they are mostly from the cretaceous and carboniferous formations. In distributing them to my friends I will not forget you.

Respectfully yours,
GEO. G. SHUMARD.

FORT SMITH, Oct. 18, 1854.

SIR:—I cheerfully comply with your request to furnish for the use of the Indian Department a short description of the *Gum Mezquite* discovered during our recent expedition to the head waters of the Big Witchita and Brazos rivers.

This gum, (for which I propose the name of *Gum Mezquite*), is believed to occur in inexhaustible quantities, and will no doubt hereafter prove a valuable source of revenue to the State of Texas, New Mexico and the adjacent Indian territory, besides affording employment to the different tribes of indians now roving upon the plains, many of whom would no doubt be glad to gather and deliver it to the different frontier posts for a very small compensation.

The *Mezquite Tree*, from which the gum is obtained, is by far the most abundant tree of the plains, covering thousands of miles of surface, and always flourishes most luxuriantly in elevated and dry regions. The gum exudes spontaneously in a semi-fluid state from the bark of the trunk and branches, and soon hardens by exposure to the atmosphere, forming more or less rounded and variously colored masses, weighing each from a few grains to several ounces. These soon bleach and whiten upon exposure to the light of the sun, finally becoming nearly colorless, semi-transparent, and often filled with minute fissures. Specimens collected from the trunks of the trees were generally found to be less pure and more highly colored than when obtained from the branches. The gum may be collected during the months of July, August and September, but the most favorable period for that purpose is in the latter part of August, when it may be obtained in the greatest abundance and with but little trouble. The quantity yielded by each tree varies from an ounce to three pounds, but incisions made

in the bark not only greatly facilitate its exudations but cause the tree to yield a much greater amount. As it is, a good collector would probably be able to gather from ten to twenty pounds in a day, were incisions resorted to probably double the amount might be obtained.

I have thus presented a few of the leading facts connected with this interesting discovery; should you desire still farther information upon the subject it will give me much pleasure to furnish it.

I am with much respect,

Your obedient servant,

GEO. G. SHUMARD.

HON. THOMAS DREW,
Superintendant of Indian Affairs.

A CASE OF SALIVARY FISTULA.

BY F. H. BADGER, M. D., DENTIST, OF NASHVILLE, TENN.

In July last I was consulted by Mr. D——, aged about twenty-eight years, (a consumptive,) for salivary fistula, produced from a carious upper molar tooth. The saliva proceeded from the left parotid gland, and was discharged externally on that side of the face by two openings, near each other, situated opposite the upper molar teeth, and in the centre of a red scar of uneven surface the size of a half dollar.

The abscess which had formed at the root of the tooth, instead of discharging within the mouth, as is usual in such cases, had pointed upward and outward through the substance of the cheek.

He had consulted two dentists, and one physician, but as he never had pain in the tooth it was not suspected until some weeks before I saw him; it had been extracted at his own request when it was discovered to have been the cause, the discharge of pus

having ceased within a few days after the removal. The only annoyance complained of at the time I saw him, was the continued discharge of saliva from the outside of the cheek, which became profuse when eating, insomuch that it was difficult with napkins bound round the jaws to prevent it from running over his clothes at meal times.

Having placed him in my chair, it was by the most careful examination that I was enabled to discover the mouth of the duct, through which the saliva had long ceased to flow. It occurred to me that if this could be reopened and the proper pressure applied over the external artificial openings the saliva would be forced into the proper channel and a cure effected. I was the more encouraged in this hope as the openings were tender and in a condition to heal. Accordingly a very small, smooth, pointed stylet, or gold wire, was selected and by a gentle rotary motion passed in o the duct until it reached the path of the new opening, and on withdrawing it a drop of saliva followed.

A piece of india-rubber of the proper size was then cut from a sheet about one line in thickness, and applied over the artificial openings. This substance was chosen for its aptness to adapt itself to the inequalities of the surface; a pledget of cotton was then placed over this, and a handkerchief tied over the jaws to retain it. The saliva was immediately forced into the proper channel, and ceased altogether to flow externally; the bandage was kept in place until the next day when it was removed and the parts found entirely dry, it was replaced however some time after, and it was advised to be worn some days longer. In the meantime the gentleman left, but it is believed a cure was effected.

Nov. 3, 1854.

Art. VI.—FOREIGN CORRESPONDENCE.

BY E. WILLIAMS, M. D.

Vienna, Oct. 29, 1854.

Prof. Gross:—

Dear Sir, In a previous letter I gave you an account of some cases of cyst of the ovary treated in France by injections of tincture of iodine. The innocence, *in well selected cases*, as well as the utility of this treatment is fully established by the experience of those surgeons who have had recourse to it. When the proper precautions are taken to prevent the entrance of the injected fluid into the peritoneal cavity, there is very little danger of any serious consequences. If adhesion between the tumor and the walls of the abdomen exists, then, of course, there is no possibility of this accident. Should doubt exist, however, the application of caustic potash or Vienna paste to the point selected for the puncture will, in all probability, secure this adhesion.

True it is that in many cases of even very large cysts of the ovary there is not the slightest inflammatory adhesion between the peritoneal surface of the tumor and that of the abdomen or surrounding organs. At the post-mortem sections of Rokitansky I have seen several such tumors, of great size, which were entirely free from all attachments except the pedicle which unites them to the broad ligament of the uterus. As it is sometimes impossible for the most experienced surgeon to say positively whether such connections exist or not, too much caution cannot be used, and the previous application of caustic to the abdomen in all doubtful cases is advisable.

Admitting, then, that we have to do with a case of simple dropsy of the ovary, with but one, or at most few, cysts whose walls are thin and capable, after the fluid is extracted, of contracting upon each other—that the necessary adhesions exist, then certainly a recourse to repeated injections promises a radical cure

without great risk of serious accidents. I am well aware that a more unfavorable state of things often exists; that the cyst is multilocular, the walls thick and sometimes containing incrustations or ossific deposits which render them incapable of contraction; or the septa may contain masses of encephaloid, or other species of cancer, as I saw in a post-mortem examination a few weeks ago. Such cases are incorrigible to every thing but *extirpation*, and between this alternative and certain death there is little ground for choice.

In the present state of the science in regard to ovariotomy, it seems to me that, in a case which is at all favorable, no one is justifiable in resorting to so shocking an expedient till he has first tried repeated injections. In case of failure no harm is done, and the unwelcome resource of a vivisection is still at the disposal of the surgeon, who then takes up his bistoury with the full conviction that nothing else can save his patient. So far as I know the method of injections has not yet been tried either in England or America.

During the months of March and April, which I passed in London, I was cognizant of two patients who fell victims to the time-sanctioned, but none the less revolting, procedure of extirpation, by which every tyro in the profession now seeks to make himself the subject of a newspaper puff. A blind and servile adherence to the rules and forms prescribed by the fore-fathers in the profession is as prejudicial to the interests of humanity as to the progress of medical science. Give me the daring, energetic spirit of DUPUYTREN, who made war upon nearly all the received doctrines of his day, and enriched the science with so much that was new and original, in preference to that of BOYER, who rejected, without trial, everything that was not sanctioned by the authority of his predecessors. If innovation in surgery promises relief without subjecting the patient to a species of living vivisection little preferable to death, why in the name of humanity let us give it a trial!

The first case I saw was in the University College hospital. It was a woman thirty five years of age, the mother of several children. The tumor of near three years standing, had increased to such an extent that, three months before her entrance into the hospital, a puncture was necessary. A large quantity of fluid

was drawn off, and the tumor, for the time, *entirely disappeared, showing it to be a simple cyst with thin walls.* At the time of her appearance at the hospital the abdomen had again acquired its previous very large size. The surgeon, Mr. ERICHSEN, resolved, after a careful examination, to attempt entirpation. At that time the uterus was drawn up so that its fundus was distinctly felt through the walls of the abdomen in the left hypogastric region, forming a small firm tumor fixed to a larger fluctuating one which lay more towards the right side. The os uteri was so high as to be reached with difficulty by the finger in the vagina. On introducing a sound into the bladder it passed high into the abdomen before its point was arrested by the fundus of the organ, which was drawn up and flattened out on the anterior surface of the cyst. The dragging up of the uterus and bladder out of the pelvic into the abdominal cavity, seemed to me only explicable by the supposition that they were strongly adherent to the tumor, and formed, to my mind, a great objection to any attempt at extirpation. The surgeon, however, did not so consider it, and stated to his class, before commencing the operation, that he hoped there were no adhesions so extensive as to prevent the complete removal of the cyst, but that it was impossible to say before opening the abdomen, whether it was free from attachments or not.

An incision three inches long was made in the median line, commencing a little below the umbilicus and extending towards the symphisis pubis, but the *adhesions* of the tumor with the uterus, bladder, and in the right iliac and hypogastric regions were so extensive and firm as to render the completion of the operation impossible! The cyst was incised, its contents evacuated, and the opening attached, by strong sutures, to the lips of the wound in the abdominal parietes, which latter was closed by sutures and adhesive strips. About forty-eight hours afterwards, if I mistake not the time, the patient died of peritonitis, an event not at all astonishing.

Several days before the operation, Mr. ERICHSEN, who, I must say, is an excellent operator and a very clever man, had the kindness to show me the patient and spoke of his intention to perform ovariotomy. I suggested the propriety of injections of tincture of iodine, and related to him what I had seen of the results of that

treatment. He replied that it had not yet been *resorted to in England*, and he feared it might give rise to *grave peritonitis*. To the latter objection it was only to be answered that the experience of French surgeons had proved it to be infinitely less dangerous to life than any attempt at extirpation. As to the former, *its not yet having been tried in England*, that was sufficient to determine the choice of the more classic and imposing method of laying open the abdomen!

The second case occurred at Guys hospital a few days afterwards. The account of it I have from a medical gentleman who was present at the operation. All the surgeons of the distinguished "corps of Guys hospital," were firmly settled in the conviction that the tumor was free from adhesions, and consequently a favorable one for extirpation. An incision was made, but, to the astonishment of all the worthy successors of Sir. Astley Cooper, it was found so *extensively and firmly adherent* that the operation was abandoned. A portion of the cyst only was excised and the wounds in the abdomen united as in the previous case. After four or five days the patient sank from general peritonitis.

It is very true that there are many cases on record of remarkable recoveries after extirpation, but the multitude of tentatives which have been followed by results similar to the above, is so great as to make the conscientious surgeon shrink from the responsibility of so formidable an undertaking till all other means are exhausted, and nothing remains but to choose between ovariotomy and certain death. Every case of success is blazoned forth to the world through all the journals in Christendom, while the great majority of failures are unfortunately withheld from public scrutiny. Hence the statistics on this subject, unfavorable as they are, would be far more so if the whole truth were fairly and candidly stated.

I have neither time, space nor the inclination to give you a succinct account of the *great* hospitals and surgeons of the *great* metropolis of London—a city which has been the theatre of action of the most remarkable names that adorn the history of our noble science. When I, for the first time, traversed the courts, museums, wards and operating rooms of those majestic hospitals, I felt that I was treading upon consecrated ground. In consequence of its

antiquity and historical associations, all that I saw possessed for me charms, and a degree of importance, doubtless somewhat above its intrinsic worth. And when ushered into the presence of the renowned, living representatives of HUNTER, COOPER, KEY, LISTON, and a host of others, whose fame knows no limits but those of civilization, and no end but the end of time, you can easily imagine that a modest man like myself experienced a feeling of extraordinary humiliation! But with time and observation this embarrassing spell happily vanished, and I was reminded of the fact that if familiarity does not always breed contempt, it at least modifies and restrains within due bounds the exaggerated ideas which we, as *too servile* American physicians, often entertain of our far-famed brethren across the Atlantic!

Freed from the enchantment which *distance lends to the view*, I have, with the eye of an impartial, and I hope, not entirely incompetent observer, viewed the medical giants of Paris, London, and Vienna, (as well as many others of less celebrity), without being able to discover in what particular they so wonderfully surpass many members of our *young and energetic profession in the young but giant America.* American energy and activity are proverbial all over Europe, and if we only had the hospital and other advantages which she as yet enjoys over us, the New World would soon number as many celebrated names and perhaps more than the Old.

Mr. FERGUSSON enjoys by far the greatest reputation of any surgeon in London. By birth he is a Scotchman and it is to his indomitable energy of character that he owes his extraordinary success in the profession. So far as pecuniary matters were concerned, he commenced his studies *poor*, but his natural genius united with untiring application has placed him at the head of the surgical galaxy of England. Since his removal from Edinburgh to London however, in 1840, many other things have conspired to his extremely rapid elevation, particularly the death of so many of his renowned competitors. As the stars of Sir. ASTLEY COOPER, LISTON, KEY and others sank below the horizon of eternity, that of FERGUSSON rose with successively increased brilliancy and is now perhaps in the zenith of its glory. He is only forty-six years of age and possesses a practice and reputation of which medical his-

tory furnishes us few examples. It is said that he now realizes, at least, £10,000 annually from his practice. He is a large, robust man at least six feet high, and in his countenance is depicted a singular combination of benevolence and good humor with unflinching determination. He is, without instituting any invidious comparisons, the most beautiful operator that I have ever seen. Besides many trivial operations, I saw him perform lithotomy, amputation of the thigh immediately below the trochanter major, in consequence of an encephaloid tumor of the fermur, and amputation of the forearm. I was present at the concluding lecture of his course in Kings College, and witnessed him repeat the amputations on the *dead subject*. In these he appeared to manifest great "*sang froid*," amounting even to *indifference* for his subject and his *flaps*, the latter of which did not always come off without *holes;* and I was surprised to see the amount of pure *physical force* used, and of which he possessed no ordinary amount. Mr. Fergusson is decidedly a *bad lecturer*, as every one who has ever heard him, I am sure, will testify. In his position and gesticulations awkward, he hesitates and hems and grunts to such an extent that it is absolutely painful to hear him. In consequence of his affability and politeness towards his medical cotemporaries, he enjoys a large circle of warm personal friends and fewer enemies than most men who have attained to such an enviable position in the profession. In conclusion I venture the remark that Mr. Fergusson's operative skill has contributed more to his great fame than his original researches or profound knowledge of the science of surgery.

Mr. Lawrence who has written perhaps the best existing treatise on hernia and also a voluminous work on the eye, is still one of the surgeons to St. Bartholomew's hospital. He is now quite old and operates but little. I saw him operate upon one case of strangulated inguinal hernia and was really surprised at the precision and steadiness of his hand. He is still affable, gay, and lively as if in the prime of life.

Mr. Stanley, of the same hospital, author of the admirable treatise on the bones, is also somewhat advanced in years. In his levity and talkativeness as well as personal appearance, he approaches more nearly the French than the English character. On

learning that I was from the *States* (as they say in London) he manifested toward me much politeness and attention. One day, after having spent an *hour and a half*, without the slightest manifestation of impatience, in operation for an ununited fracture of the femur, in which he cut down upon the ends of the fragments, bored holes through them, hammered in ivory pegs and united them by a silver wire, he turned to me and asked how we treated these "nasty, vexatious ununited fractures in the States?" Among other things I mentioned to him the new method, first proposed and executed by Prof. BRAINARD of Chicago, of perforating the ends of the fragments in different directions by a species of stab-awl introduced through the soft parts, and then applying an apparatus so as to maintain entire immobility of the limb. Prof. BRAINARD maintains, from numerous experiments on animals, that foreign bodies in contact with bone prevent, instead of promoting, the formation of callus. "Well, well," said he, "that is something new to us in London. I must confess, you Yankees are a sharp set of fellows." I beg your pardon, Mr. STANLEY, but that is a rather equivocal compliment. "How so sir?" First, Every American does not feel himself flattered by the appellation of *Yankee*, especially the backwoodsmen, of which I am one; and, second, if one with us succeeds well in the manufacture and traffic of *wooden nutmegs* we call him a *sharp fellow*. "O, I beg ten thousand pardons sir, I mean *ingenious*, *thorough-going fellows*." I relate this little anecdote because it illustrates the hilarity and good humor of the man.

Mr. PAGET, lecturer on physiology in St. Bartholomew's hospital, perhaps thirty-eight or forty years old, is emphatically one of those lean and hungry-looking men who think instead of sleep of nights. His reputation, as surgeon, is rapidly rising. His researches in regard to the structure, &c., of the different varieties of cancer are the result of much reflection and observation. So far as mere cutting is concerned, he is surpassed by many younger men in London who have not the tithe of his experience and sound judgment. Mr. Paget is in every respect a polite and clever gentleman and reminds me much of your former colleague, Prof. COBB.

In University College Hospital the principal surgeons are Mr.

Erichsen and Mr. Quain; one of the editors of Quain and Sharpeys anatomy. The former a young and promising surgeon, operates a great deal, and has written recently a treatise on surgical pathology. As to Mr. Quain, he is, to use a vulgar but very applicable expression, a "dry stick." It is said that he has not smiled in the last half century. I saw him but once and that for me was sufficient. An infant was brought into the amphitheatre suspected of imperforate rectum. A number of students and several strangers were there curious to know the result of his examination. He examined carefully the child, without seeming to be cognizant of the presence of a living soul, and then sent it away. The deathly silence of the occasion was not disturbed by a single word from the sage professor. After this came his visit in the wards where he ligatured two hemorrhoidal tumors and reduced a paraphymosis, without uttering a half dozen words. This melancholy scene I had no curiosity to witness a second time.

With Mr. Guthrie, I had the pleasure of a short interview. He is affable but dignified in his conversation, and his presence inspires that respect and admiration that age and wisdom never fail to command. Like Mr. Lawrence, however, he is fast upon the wane. The climax of his reputation has been long since attained. His son, one of the surgeons to the Westminster Ophthalmic hospital, would certainly have acquired greater fame as a horse-jockey than as ophthalmologist, had he turned his attention in that way.

In Guy's hospital are several surgeons of considerable reputation but no one of them stands out so preëminently above the others as to merit any special remarks. In this famous hospital there is at this time certainly no Sir. Astley Cooper, although in its surgeon's staff may be numbered some promising men.

Mr. Simon, of St. George's Hospital, is very rapidly rising in the esteem and confidence of the profession. If not already, he will in a few years certainly, be the first pathologist and one of the best surgeons of England. In personal appearance he is by no means prepossessing, and his voice, because decidedly nasal, is unpleasant. Although, perhaps, not more than thirty eight or forty years of age, protracted study and anxiety have impressed

upon his naturally feeble frame marks of a much more advanced age. I witnessed several of his operations, some amputations, extirpation of tumors and ligature of the femoral artery for the relief of popliteal aneurism. Only once did I see him break over the limits of his usual calmness and self-possession, qualities so essential to a good operator. During an effort to remove a sequestrum of the condyle of the femur, the patient having lost much blood and being under the influence of chloroform, swooned, and for some seconds appeared to be really dead. He threw violently down his hammer and chisel, sprang to the table, seized a pitcher of water, dashed it in the patient's face and yelled at the top of his voice "*ammonia, ammonia, d—n it have you no ammonia?*" This indiscribably ludicrous scene, especially the *nasal twang, sui generis*, with which he cried for the ammonia and his agonizing gesticulations, excited to such an extent my risibility that I was compelled to make an almost equally desperate struggle to suppress a violent explosion of laughter, solemn as was the occasion.

At the London hospital, in consequence of its proximity to the docks, are treated an immense number of accidents, especially fractures and dislocations. I was much astonished at the wonderful rapidity with which fractures heal in this institution. In no other hospital in Europe have I seen such prompt and favorable results. This is due in part, doubtless, to the extreme cleanliness observed in all the wards, but more especially to the fact that from almost the very commencement the patients are feasted upon rich soups, roast beef and porter.

This system of diet contrasts as strikingly with the *soupe maigre, eat-nothing*, system adopted in the Parisian hospitals, as do the results of the two methods. The frequency of gangrene, purulent infection, diarrhœa, &c., following accidents and operations, is incontestably much greater in Paris than in London.

Mr. Adams, of the London hospital, is a prudent and cautions surgeon and operates very finely. On the 18th of March last, I saw him perform disarticulation of the femur in three-quarters of a minute, and with the loss of scarcely more than an ounce of blood. The patient died seven days after the operation, of diarrhœa and general prostration. Mr. Adams stated that just eigh-

teen years previously the thigh was successfully disarticulated in the same hospital. No case of recovery, I believe, has ever been published in France.

M. Maisonneuve, of Paris, became in some way possessed, last winter, of the wonderful notion that those cases of sudden death from what he calls *gangrène fondroyatne*, after accidents and operations, are caused by the rapid development of gas in the veins and its entrance into the circulation. A few days after he had conceived this idea, in traversing his wards in hospital Cochin, he came to a patient whose leg had been amputated a few days previously, put his hand upon the stump, stroked it from above downward, and behold there issued from the flabby wound a *bubble of gas*. He called instantly for a knife and in less than a minute from the time this unfortunate bubble was seen the patient's thigh was removed at the hip joint. The patient being *moribund* at the time of the operation died the same day. An unlucky *globule* had probably already been wafted above poupart's ligament, out of the reach of his knife.

I did not visit the numerous other general hospitals in London sufficiently often to be able to give you an account of them. Besides these there are many *special institutions;* for the treatment of diseases of the eye, in particular. Of the latter, the one which most attracted my attention, and which I visited every day during two months, is the Royal London Ophthalmic Hospital. The building itself is not imposing. Besides the waiting hall, the general reception room, a committee and an operating chamber, are only a few small rooms containing in all about twenty-five beds for the reception only of patients subjected to an operation, or to whom some accident has happened to the eye requiring the recumbent position. All others are prescribed for as *out-door* patients, of whom something more than one hundred are daily waited upon and supplied with medicine.

Belonging to the hospital are five surgeons and one physician. Each day, from 9 to 11 o'clock, two of the surgeons are in attendance, and prescribe for all *really indigent* patients who apply. Nothing can exceed the order with which this admirable institution is conducted, and no where during my voyage have I seen such a vast amount of material for the study of ophthalmology.

This hospital, as well as many others in London, is supported by voluntary contributions, a fact which speaks loudly for the benevolence of the English people.

Mr. Bowman, (of Todd and Bowman's Anatomy and Physiology), is one of the surgeons. He is a rather small man, perhaps forty years of age, modest and unassuming in his manners, disposed only to talk when he has something very important to say, of an exceedingly pleasant countenance, but one which indicates at the same time profundity of thought and reflection. He has devoted much of his well-directed attention to the anatomy and physiology of the eye, upon which subject he is every where received as one of the very best authorities. He operates upon the eye with a degree of delicateness and dexterity which I have seldom had occasion to witness. Accuracy of diagnosis and precision of hand, the two great essentials for an ophthalmic surgeon are qualities for which he is much celebrated. Of some ideas and operations peculiar to him I shall have occasion to speak at some future day; at present I have no time.

Mr. James Dixon, another of the distinguished surgeons of this hospital, is somewhat younger in the profession than Mr. Bowman, but very rapidly rising in reputation. Among the few acquaintances which I made in London, it was Mr. Dixon with whom I was the most pleased. Polite without ostentation, affable and talkative without loquacity, in his bearing dignified but easy and attractive, he is much admired and esteemed by all who have had the pleasure of his acquaintance. As to stature he is rather a large man and possessed in every way of a fine personal appearance. It is especially in the private circle that his qualities are displayed to the best advantage, and that he infuses into all around him a feeling of ease, comfort and hilarity. For some time past Mr. Dixon has gradually disembarrassed himself of general surgical practice and devoted his undivided attention to ophthalmology, in which he has acquired a large experience. He has at his disposal a very rich material for the study of diseases of the eye and no one certainly, knows better how to render it useful. He has written a book entitled "Guide to the study of Eye diseases," which will appear in a few months, and which, judging from his experience, patience and accuracy of observation, will be

a valuable acquisition to the science. Among many other operations I saw him extirpate the lachrymal gland in consequence of an extensive burn involving the skin of the whole side of the face, followed by a cicatrix that caused incurable ektropion. There was incessant "larmoiment" which greatly annoyed the patient, and which to a great extent was relieved by the operation. I think he has performed, and with favorable results, this rare operation three times, which is so generally condemned by surgeons as unjustifiable and useless.

Mr. Critchel and Mr. Wordsworth are the two youngest surgeons of this hospital. They are good operators, ardent lovers of the science, patient and accurate observers, and in every way worthy of the high station they have attained not only as surgeons to the Ophthalmic, but also to the London Hospital.

Mr. McMurdo, the oldest surgeon of this institution, is more remarkable for his vanity, ostentation, pendantry and hostility to tobacco than for sound judgment or operative skill.

In conclusion I must say that the hospitals of London in external appearance and especially in internal accommodations are superior to all others in Europe. As the stranger struggles and dodges and elbows his way along the million thronged thoroughfares of this vast metropolis and scans the majestic edifices dedicated to the relief of human suffering, that tower up so imposingly on all sides, he needs no other argument to satisfy him that the Englishman's cold and formal exterior must conceal a warm and noble heart that throbs with active, *pocket-reaching*, sympathy for the miseries of his fellow beings.

On my way from England to Vienna I stopped a few days in Brussels, particularly to visit the Ophthalmic Institute which enjoys quite a reputation in Europe. I saw there many exceedingly interesting cases which I have no time now to describe; among others several who had been subjected to inoculation with the actual pus of gonorrhœa, for the relief of pannus, with most beautiful results.

M. Warlomont, (editor of the *Annales d'Oculistique*,) informed me that he had experimented with direct inoculation upon some thirty patients, and that in nearly all the pannus, as well as the granular lids, which nearly always either cause or accompany

it, was speedily cured without serious accidents. He does not at all combat the inflammation which follows the inoculation. In a small monograph he has published (or soon will) an account of his tentatives.

In Paris I witnessed the treatment, by inoculation, of one patient who had suffered for years with trachoma and pannus. On the second day as soon as acute inflammation arose the lids were cauterized with nitrate of silver. The patient was speedily and readily cured.

Arrived in Vienna the 18th of May, I remained there near five months in attendance at the great general hospital with its vast materials and celebrated professors. This immense building was founded by the Emperor Joseph II, and erected at the expense of the government. Till two years ago the so called *General Hospital* consisted of three departments. 1st. The Allgemeines Krankenhaus, (common hospital). 2d. The Lying-in Hospital with the Foundling house. 3d. The Insane Hospital, (a very antique looking, perfectly circular, building with very small windows and resembling more a vast tower with port holes than any thing I can imagine). A new Insane Hospital has recently been erected in a remote situation, and is the most beautiful and commodious building of the kind I have ever seen. The foundling house is now also removed to another locality, so that at present the general hospital consists of the common and the lying-in hospitals. The entire building of the general hospital, covering an area of more than ten acres of ground, consists of ten quadrangles enclosing numerous large courts ornamented with trees, promenades and benches for the use of convalescents, and is capable of accommodating, in case of necessity, 3500 patients, though there are seldom more than 1500 or 2000 in the wards at once. In the whole hospital are treated yearly from 20,000 to 30,000 patients. The medical faculty of the University of Vienna has control, through stipulated annual payments, of certain divisions, but not of the whole hospital. They have three medical, two surgical, one eye, and one midwifery clinic; a department for diseases of women, one for syphilis and one for diseases of the skin. In the other part there are two surgical divisions, one for diseases of the chest, one for nervous diseases and a peculiar lying-in establishment. There are

three classes of patients in the hospital. The first pays one guilder and thirty kreutzers daily, for which he has a small room, a nurse, good eating and can *choose* his physician. The second pays forty-eight kreutzers daily. Of these twelve are lodged in one large room and supplied with two or three waiters. The third class pays thirty kreutzers and are distributed off in large numbers together and supplied with a limited number of nurses. The second and third classes have not the right to choose their physician but must be content with the one appointed for the division. A patient who presents a certificate from the police or from his employer, that he is unable to pay, is received and the expenses charged upon the parish or upon the master. Persons born in Vienna or having resided in the city ten years are only charged half of the above rates.

The Director of the Hospital is appointed by decree of the Emperor and has a salary of 3,000 guilders annually. The Professors, the Primarie, the Secundarie and Assistants, by the Minister of Instruction. The salaries of the Professors vary according to the extent of their reputation, &c., &c. The lowest is 1600 guilders, the highest, I believe, 6000 annually. In addition the Professor also receives from each student, for Lemester of six months, as many guilders as he gives hours weekly, in lecturing. Each Assistant receives 460 guilders yearly, with the privilege of giving private instruction, for which he can charge what he will. No Assistant can hold his place more than four years. There are besides, several *extraordinary* Professors who give clinical lectures but receive no salary except what they charge each student who attends.

The Lying-in Department is a part of the general hospital and is divided into three parts. 1st. The clinic for the instruction of physicians. 2nd. That for midwives, (females). 3rd. The "*Secret*," or paying division. The clinic, destined for the practical instruction of physicians, consists of five wards in the first, and four in the second story, containing one hundred and twenty beds. Women far advanced in pregnancy, or actually in labor, are received here during four days in the week; the other three days being devoted to the department for midwives. The visit of the professor, with clinical instruction, occurs each day from 8 till

11 o'clock, A. M., and all students, who pay 4 guldens quarterly, have the privilege of attending and touching, under the professors supervision. At the evening visit, generally held by the assistant, a limited number of students are also admitted and exercised in touching. Each day two students, under the name of *journalists*, are appointed, whose duty it is to remain day and night in the lying-in chamber and examine all women received. Ten regularly graduated and installed midwives aid in the natural deliveries.

The clinic for the education of female midwives, is quite separated from the other, but conducted in the same way. Young ladies who design becoming midwives are here instructed in all that pertains to that branch, daily exercised in touching, and at the end of four months, after a thorough examination, receive diplomas. In these two clinics are matured yearly, from 150 to 200 *male* and from 260 to 300 *female* midwives. During the year 1853, 4221 women were delivered in the clinic for physicians, and 3480 in that for midwives, in all 7701, being by far the largest number of *accouchments* that occur in any one such establishment in the world. All the children at the age of a few days, are sent to the foundling hospital, put out to hired nurses, and at length, when old enough, either taught a useful trade or made soldiers. At least three-fourths of them, however, die within the first few years.

In the *secret* or paying division women who are able to pay a certain sum daily, may be received and delivered in the most clandestine manner. Their names are given *under seal* only to be opened in case of death, and those of the first class can, if they choose, wear masks or veils. Their presence is kept the most profound secret, and no one under any condition is allowed to enter this department, except the appointed physician and the nurses. The fact also of their having been there is not allowed to be proved in a court of justice. Into the policy, in a moral point of view, of this establishment I shall not now enter. There are many good arguments pro and con.

A few words in regard to some of the most celebrated professors in the Vienna school and I will afflict you no more. Prof. Rokitansky, born in Bohemia of poor parents, is about 48 years old. He is a large, robust man who enjoys in a high degree, good

living and good society. He has a large head with a high, broad forehead, prominent cheek-bones, wide mouth and eyes that indicate more of benevolence and good humor than vivacity. The portrait which I will bring you will give you a better idea of his appearance than any description from my pen. Prof. Rokitansky made his studies in Prague and in Vienna. Appointed assistant in 1827, of pathological anatomy, extraordinary professor in 1836, he was elevated to the grade of Professor in 1845, so that the high position he has attained, and his world-wide fame as pathological anatomist have been reached only through many years of patient and laborious study. All legal sections in Vienna and precincts are made by him, without exception, and amount yearly to about 500. For this he receives a fixed annual salary of 600 guilders. His salary as Professor is 3000 guilders and lodging. Besides this he receives 8 guilders each Lemester, from every student who receives instruction from him in his peculiar branch, amounting to from 2200 to 2400 guilders, also every candidate whom he examined pays 10 guilders, making yearly from 1000 to 1500. He is nominally Prosector of the hospital, but his assistants make all the autopsies, which reach annually from 1500 to 2000. In the afternoon, three times a week, he gives instruction to students in the dead house, on pathological anatomy and the method of conducting post-mortem examinations. Prof. Rokitansky has written, besides his great work on Pathological Anatomy, several very valuable monographies—one on struma, another on the structure of cancer, one on colloid and villous cancer, and a treatise on the most important diseases of the arteries, with plates. The latter has been recently published, and is a most invaluable book for every one who feels an interest in surgery or pathological anatomy. The plates are most admirable. In the museum of pathological anatomy, I have examined carefully all the preparations of which he speaks, and can therefore judge of the accuracy of his plates and descriptions. A new edition, entirely revised, of his Pathological Anatomy, with plates, is now being published. The first volume will appear in December of this year. This new work will be much better than the first, but from what I can learn I do not believe it will be fully up to the present state of the science. His only competitor in pathological anatomy in all

Germany, worthy of the name, is Prof. VIRCHOW, of Wirthsburg. Many consider him now superior to ROKITANSKY. Between them no very kind feelings exist. Each has his party of admirers and calumniators as does every other renowned professor in Germany. In all respects, ROKITANSKY is ths dryest, dullest, most uninteresting lecturer that I have ever heard. Nothing but the most intense interest in the subject and absolutely heroic courage can enable any one to resist the narcotizing influence of his tone and appearance, for an hour. Candor compels me to acknowledge that all my energies failed.

Prof. SKODA is also a Bohemian by birth, and descended from poor parents—is now forty-two years old, unmarried, very rich, drinks enormous quantities of *beer* and suffers much from *gout*. He made his studies in Vienna, was first appointed Secundarius in the department for skin diseases, then Primarius, and finally, in 1847, clinical Professor, and became the most renowned physician in Austria. Since the publication of his work on auscultation and percussion, he has abandoned hard study. A new edition of his book is just published. His practice is confined almost entirely to consultation cases for which his fee varies from 5 to 200 guilders. Outside of the profession of medicine, SKODA is not a learned man, and it is particularly in diseases of the chest that his reputation has been attained. In private society his presence overwhelms every soul with the deepest melancholy. Apart from his speciality he is, in all respects, as dry and uninteresting a being as it is possible to imagine. He lectures almost eternally upon the organs contained in the cavity of the chest, and always in that dull, sing-song, monotonous voice which is peculiar to himself, and which no one, who has still a particle of fire and energy in his soul, can endure without the greatest pain. There he stands by the bed-side—a pair of spectacles across his nose, the glasses of which approach the size of a common saucer, his eyes forever fixed upon a point of the floor slightly in front of his great toe, a pleximeter in one hand and the little hammer, armed with indian-rubber, with which he thumps the patients, in the other—for half or three-quarters of an hour, talking in this dry, never-changing tone, and then prescribes *Aqua Laurocerasi*, and walks slowly and quietly to another bed to repeat the same solemn

ceremony. In accuracy of diagnosis Prof. Skoda is perhaps unequalled, but he has not the slightest confidence in the efficacy of medicines, hence the *peculiarity* of his prescription.

Prof. Oppolzer the other lecturer on clinical medicine is, on the contrary, extremely affable, easy and attracting in his manners, and one of the most interesting lecturers to whom I have had the pleasure to listen. He was born in Prague and is now forty-six years of age. He was formerly assistant of the late celebrated clinical professor, Krompholz, in Prague, and through whom he first became known. Through his private courses he soon acquired a great name as clinical lecturer, was called to Leipsic as Professor, and in 1849 to Vienna where he receives an annual salary from the State of 5,000 guilders. He is an extremely popular professor and has the largest consultation practice in Vienna. He is a man of a most extraordinary memory, very amiable in every respect, but of no great scientific value to the profession in general. He has written little or nothing. In his manner of dressing he, as well as Skoda, is extremely careless—absolutely *slovenly*.

Hyrtl, professor of anatomy in the University of Vienna, of perhaps the same age, is a man of great learning, much natural genius, and is certainly the most interesting lecturer in the faculty He is the son of a violin-maker in Vienna, and was remarkable, during his studentship, for being the greatest rake in the whole country. He lectures on general, descriptive, surgical and comparative anatomy, and makes the most beautiful anatomical preparations I ever saw. Prof. Hyrtl was formerly very rich, but in 1848 almost his entire property with his museum of human and comparative anatomy, was burned by the soldiers. In his private character he is sometimes very sociable and polite, at others exceedingly peevish and morose and secludes himself from society.

On a future occasion I will perhaps write you something about Prague and Berlin. Next winter I hope to see you. Adieu.

Bibliographical Notices.

ART. VII.—*The principal forms of the Skeleton and of the Teeth.* By Prof. R. OWEN, F. R. S., &c.; Author of Odontography; Lectures on Comparative Anatomy, &c. Philadelphia: Blanchard & Lea. 1854. pp. 360, 16 mo.

This little work is from the pen of one of the highest authorities in our profession. Among all the eminent names that give lustre to British Science, there is not one which carries with it greater weight than that of Prof. OWEN, who is distinguished alike by his profound investigations, the originality and soundness of his opinions, and the eloquence with which he expresses his thoughts on scientific subjects. As a cultivator of Comparative Anatomy, he has no superior at the present day. His work, of which the title is given above, though diminutive in size, is no elementary treatise on the Skeleton and Teeth, but a philosophical disquisition on Osteology, presenting the true principles of that science. It is therefore not a book to be read cursorily, but one to be studied, and to the student of Zoology it is one of great interest. Its details are curious and instructive, and illustrated as the text is by numerous wood-cuts the reader will not find it difficult to follow the author in his descriptions. We copy his concluding remarks on the skeleton:

"A retrospect of the varied forms and proportions of the skeletons of animals, whether modified for aquatic, ærial, or terrestrial life, will show that whilst they were perfectly and beautifully adapted to the sphere of life and exigencies of the species, they adhered with remarkable constancy to that general pattern or archetype which was first manifested on this planet, as Geology teaches, in the class of fishes, and which has not been departed from even in the most extremely modified skeleton of the last and highest form which Creative Wisdom has been pleased to place upon this earth.

"It is no mere transcendental dream, but true knowledge and legitimate fruit of inductive research, that clear insight into the essential nature of each element of the bony framework, which is acquired by tracing them step by step, as *e. g.* from the unbranched pectoral ray of the lepidosiren to the equally small and slender but bifid pectoral ray of the amphiume, thence to the similar but trifid ray of the proteus, and through the progressively superadded strustures and perfections of the limbs in higher reptiles and in mammals. If the special homology of each part of the diverging appendage and its supporting arch are recognizable from man to the fish, we cannot close the mind's eye to the evidences of that higher law of archetypal conformity on which the very power of tracing the lower and more special correspondences depend.

"Buffon has well remarked, in the Introduction to his great work on Natural History: 'It is only by comparing that we can judge, and our knowledge turns entirely on the relations that things bear to those which resemble them and to those which differ from them; so, if there were no animals, the nature of man would be far more incomprehensible than it is.'

"And if this be true, as to man's general nature and powers, it is equally so with regard to his anatomical structure.

"In the same spirit our philosophic poet felt that—

> "'Tis the sublime of man,
> Our noontide majesty, to know ourselves
> Part and proportions of a wondrous whole.—Coleridge.

"Vertebrated animals of progressively higher grades of structure have existed at successive periods of time on this planet, and they were constructed on a common plan with those that still exist.

"Some have concluded, therefore, that the characters of a species became modified in successive generations, and that it was transmuted into a higher species; a reptile, *e. g.* into a mammal; an ape into a negro. Let us consider, therefore, the import and value of the osteological differences between the gorilla—the highest of all apes—and man, in reference to this 'transmutation hypothesis.' The skeleton of an animal may be modified to a certain extent by the action of the muscles. By the development of the processes, ridges and crests, the anatomist judges of the muscular power of the individual to whom a skeleton under comparison has appertained. A very striking difference from the form of the human cranium results from the development of certain crests and ridges for the attachment of muscles, in the great apes; but none of the more important differences, on which the naturalist relies for the determination of the genus and species of the orangs and chimpanzees, have such an origin or dependent relation. The great superorbital ridge, *e. g.* againgt which the facial line rests in Fig. 50, is not the consequence of muscular action or develop-

ment: it is characteristic of the genus *Troglodytes* from the time of birth; and we have no grounds for believing it to be a character to be gained or lost through the operations of external causes, inducing particular habits through successive generations of a species.

"No known cause of change productive of varieties of mammalian species could operate in altering the size, shape or connections of the prominent premaxillary bones, which so remarkably distinguish the great *Troglodytes gorilla* from the lowest races of mankind. There is not, in fact, any other character than that founded upon the development of bone for the attachment of muscles, which is known to be subject to change through the operation and influence of external causes. Nine-tenths of the differences which have been cited (see the *Transactions of the Zoological Society*, vol. iii. p. 413), as distinguishing the great chimpanzee from the human species, must stand in contravention of the hypothesis of transmutation and progressive development, until the acceptors of that hypothesis are enabled to adduce the facts demonstrative of the conditions of the modifiability of such characters. Moreover as the generic forms of the ape tribe approach the human type, they are represented by fewer species. The unity of the human species is demonstrated by the constancy of those osteological and dental peculiarities which are seen to be most characteristic of the *bimana* in contradistinction fron the *quadrumana*.

"Man is the sole species of his genus (*homo*)—the sole representative of his order (*bimana*); he has no nearer physical relations with the brute kind than those that belong to the characters which link together the unguiculate division of the mammalian class.

"Of the nature of the creative acts by which the successive races of animals were called into being, we are ignorant. But this we know, that as the evidence of unity of plan testifies to the oneness of the Creator, so the modifications of the plan for different modes of existence illustrate the beneficence of the Designer. Those structures, moreover, which are at present incomprehensible as adaptations to a special end, are made comprehensible on a higher principle, and a final purpose is gained in relation to human intelligence; for in the instances where the analogy of humanly invented machines fails to explain the structure of a divinely created organ, such organ does not exist in vain if its truer comprehension, in relation to the Divine idea, or prime Exemplar, lead rational beings to a better conception of their own origin and Creator."

Art. VIII.—*A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diagnosis, in Diseases of the Lungs and Heart.* By H. M. Hughes, M. D.; Fellow of the Royal College of Physicians; Assistant Physician to Guy's Hospital, etc. Second American, from the second and revised English edition. Philadelphia: Blanchard and Lea. 1854. pp. 304, 16 mo.

The diagnosis of diseases of the chest is invested with peculiar interest both from its difficulty and its importance. The means of instruction in this department are usually so deficient in the medical colleges of this country that the author who simplifies the subject and thereby brings it within the reach of the largest number of medical inquirers entitles himself to the especial thanks of the profession.

The work of Dr. Hughes accomplishes this in an eminent degree. It was written for students (whether old or young) for the purpose of preparing and helping them to examine for themselves. In style it is simple, plain and colloquial; devoid of "erudite mystery," and intelligible to all. In matter it is as full as an egg is of meat. We hail the demand for a second edition as an evidence of progress in the right direction, and heartily recommend it to the student of auscultation and percussion as an excellent and safe guide.

There are, it is true, some doctrines advanced by Dr. Hughes which in view of Skoda's opinions we do not feel altogether willing to underwrite, but taken as a whole, the work is sound and orthodox.

Our readeri will endorse the doctrine of the following extract which is all that we have room for:

"It is essential to the successful prosecution of auscultation and percussion that their value should be fully, but at the same time, fairly estimated. If the individual employing them be influenced merely by fashion, and labor under the misconception that they are in reality of little importance to the formation of a correct diagnosis, it is highly probable, that in his hands at least, they

will prove so. If, on the other hand, the student conceive that by their use he will be enabled, in every case, to determine the exact condition of a diseased organ, he will be most assuredly liable to much disappointment. They should never be, and there is no valid reason why they ever should be, employed to the exclusion of the other modes of investigation. When the history, and the general or constitutional symptoms of disease, have been inquired into with the same minuteness, and interest as in other cases; then, but usually not till then, should percussion and auscultation be employed, or then, at any rate, and not till then, should any deductions be made from the indications afforded by the physical signs. To a neglect, or comparative disregard of the history, and ordinary symptoms of disease, and a too implicit confidence in their highly important art, it is probable that some of the errors of even accomplished auscultators are to be attributed. There is, however, I repeat, no valid reason why the auscultator should not use with equal diligence, and be equally skilled in the employment of all other modes of investigation, as the individuals who discard the stethoscope, and make no use of the ear in forming their diagnosis, and why he should not enjoy the advantage of his art *in addition* to all those possessed by others. Let, then, auscultation and percussion be regarded as ancillary only to other, or rather as two among many, modes of investigating disease; as two stout and strong additional strings to our bow; albeit the information they afford, is, in some cases, equal, if not superior, to that derived from all other modes combined."

Art. VIII.—*The Transactions of the American Medical Association.* Vol. VII. New York: Charles B. Norton. 1854. pp. 668, 8 vo.

We have here another portly volume added to the Transactions of our Medical Congress—a volume comprising a great multitude of subjects, elaborate reports, histories, biographical sketches, essays, and addresses. The appearance of the volume is good, and in point of accuracy, we have reason to believe that it will compare favorably with any preceding number of the series. We can do little more, at present, than give a catalogue of the subjects embraced in the volume.

After the minutes of the meeting, follows the sensible and pertinent address of the Vice-President, Dr. Usher Parsons, an abstract of which we have already laid before our readers. Next to this comes the report of the Committee on *Medical Education*, that prolific, vexed question which has been so often before the Association, and which seems as far as ever from being settled to the satisfaction of many of the members. The renewal of the discussion, from year to year, is attended with good results; it shows that we are not satisfied with our present attainments; it points out defects, and suggests improvements. The present report, by the Chairman of the Committee, J. L. Cabell, M. D., is written with ability, and closes with several resolutions, to the effect, that the views heretofore expressed by the Committees in regard to preliminary education, the extension of the lecture term, &c., be re-affirmed; that "private schools" be recommended; that daily examinations by each Professor are essential to the "active, practical discipline" of the pupils; that medical jurisprudence ought to be included in the curriculum of every medical school; that other modes should be added to the present ones of examining candidates for the doctorate; and finally, that there are "auspicious omens of future progress in the already improved character of our medical literature, and in the evidences of an increasing desire, on the part of a respectable number of medical students, for

a higher grade of medical education; and that, in view of such encouraging signs, the Association cherishes an abiding conviction that more thorough and general reforms will be ultimately, though gradually accomplished."

To this report succeeds a report marked by industry and care, by Drs. SUTTON, HASKINS, LIPSCOMBE, and RAMSEY, on the epidemics of Kentucky and Tennessee. This is followed by a paper on Erysipelas, by R. S. HOLMES, M. D. A long and elaborate report on the "medicinal and toxicological properties of the cryptogamic plants of the United States," by F. PAYNE PORCHER, M. D., is the next article. This report was prepared some years since, but its publication was delayed by the absence of the author, who desired to revise its sheets as they passed through the press. It is valuable for the facts presented, and will be a work of reference to those in quest of information on the subject of which it treats.

The Epidemics of Ohio, Indiana, and Michigan are described in the next report, which was prepared by Dr. MENDENHALL, at great length and with great labor. The report is accompanied by a map and meteorological tables. The concluding report, as long and as carefully prepared as any of the preceding, is from the pen of Dr. FENNER. It embraces the epidemics of Louisiana, Mississippi, Arkansas, and Texas. These reports on epidemics possess a permanent value; they are repositories of facts to which the future medical historian will refer with interest. But more than this; they are histories of current events in which all practitioners have a concern. They describe diseases as modified by the various climates and soils of our country, and as affected by the different modes of treatment. It is to be regretted that these instructive reports are not more read.

The *Prize Essay* of Prof. BRAINARD, on a *new method of treating ununited fractures* is published with illustrations. An interesting account of the railroad disaster, at Norwalk, with biographical sketches of those members of the Association who lost their lives on that occasion, follows, and this, with a short paper, by Prof. LINTON, on the identity of bilious and yellow fevers, a report of the Committee on Publication, the catalogue of members, and a full index, completes the volume.

Art. X.—*Notes of M. Bernard's Lectures on the Blood; with an Appendix.* By Walter F. Atlee, M. D. Philadelphia: Lippincott, Grambo & Co. 1854. pp. 224, 12mo.

M. Bernard has a reputation among the working physiologists of the day not exceeded by any other. His experiments and discoveries have been generally published in the journals, and have attracted great attention. The little work before us comprises his lectures on the blood delivered a year ago, in Paris, and taken down by the Editor, Dr. Atlee, a promising young American physician. We thank Dr. Atlee for the opportunity afforded us of seeing the last word of French science on this interesting subject. We shall endeavor at an early day to lay before our readers the prominent points in these lectures. In the mean time, we advise them to avail themselves of the work itself, which will amply repay them for the study they may bestow upon it.

Editorial Department.

CLOSE OF THE VOLUME.

With this number the second volume of our new series is completed. It does not become us to speak of the manner in which the task has been executed; our readers have the results before them, and will judge for themselves. We wish simply here to say, that preparations have been made for continuing the Journal, and that the first number of our third volume will be issued early in January. We tender our cordial salutations to our readers, and wish them a happy New Year!

A FATAL CASE OF INTERMITTENT FEVER TREATED HOMŒOPATHICALLY.

The *Medical Monthly*, of New York, notices a case lately made public in a pamphlet, in which a girl, in Brooklyn, was treated for intermittent fever two months, by a homœopathic physician, and finally died from convulsions and hemorrhage of the lungs. The death occurred at a time when the parents were assured by the physician that their child was getting well "The evidence," says the writer in the *Medical Monthly*, "most clearly and unequivocally establishes that this child fell a victim to an attack of intermittent fever of no great severity, and which, humanly speaking *could have proved fatal* only by being allowed to run its course without any interference whatever." The homœopathist in charge of the patient, Dr. Parkhurst P. Wells, being asked by the Court as to the source of the hemorrhage, replied, that "it *might have come from rupture of the longitudinal sinus, coming through the ethmoid plate!*" The next day he was again in Court and testified that "the blood, if proceeding from a rupture of the

longitudinal sinus, might escape through the cribriform plate of the ethmoid bone into the nasal cavities! This only in case of the softening of the brain *and its membranes!* The brain *and its membranes* being softened, I see no difficulty in a certain amount of pressure forcing the blood through the opening in that bone!" Professors PARKER and GILMAN were examined before the jury of inquest, and expressed doubts as to the possibility of such a hemorrhage. The homœopathist, nothing daunted by the exposure of his ignorance, professed to be greatly surprised that gentlemen holding such positions in the profession as the New York professors should be ignorant of the fact, that hemorrhage from the longitudinal sinus might take place through the ethmoid bone! The assurance of Dr. Wells truly is only equalled by his stupidity.

THE CASE OF DR. BEALE.

Dr. BEALE, a dentist of Philadelphia, was convicted, a short time since, of the crime of rape upon a young lady while in his operating chair and under the influence of sulphuric ether, and has been sentenced to the penitentiary. The only testimony in the case was that of the young lady herself, who professed, though wholly powerless from the effects of the anesthetic, to be conscious of all that was transpiring and sensible to all external impressions. We must say that the truth of the charge strikes us as eminently improbable. That the subject should be so perfectly deprived of certain faculties by the ether, and yet so fully possessed of others; that such an act should be performed at all, in such a position, and under such circumstances, to us seems wholly incredible. It appears to us that a man has seldom been condemned to ignominious punishment upon more slender evidence; and Dr. BEALE was a man whose character, up to the time of the unhappy charge, was without reproach. Numerous petitions have been sent to the Governor of Pennsylvania for the pardon of the prisoner, among the rest, by the Dentists of New York, who have investigated the facts of the case and arrived at the conclusion, that he is guiltless of the crime alleged against him. We hope he will be pardoned.

PROFESSOR FLINT'S INTRODUCTORY.

The Introductory Lecture of Prof. FLINT, at the opening of the Session for 1854–5 in the Medical Department of the University of Louisville, has been published at the request of his class. It is a scholarly, chaste, instructive discourse on topics connected with the medical profession suggested by the late tour of Prof. FLINT in Europe. Speaking of the personal appearance of medical men in Europe as affected by years compared with the same class in our own country, Prof. F. remarks:—

"As regards the comparative duration of life, in Europe and America, of members of the medical profession, I am not prepared to form an opinion. Statistical data adequate to decide this point, so far as I know, are wanting. But that the external manifestations of accumulated years, as a general remark, are less conspicuous than with us, and the body, if not the powers of the mind, maintained in a better state of preservation in spite of the influences of declining age, I think cannot be doubted. The causes of this difference are probably to be found in the custom, in this country, to engage earlier in active professional duties, to incur sooner domestic responsibilities, and in a variety of ways to guard with less care against circumstances involving wear and tear of the physical and mental constitution."

In reference to the comparative cost of a medical education in Paris and in the schools of the United States, he makes the following statement:—

"It is not to be inferred from the fact of instruction in France being gratuitous, that a medical degree is obtained without expense. The medical student, during his four years of pupilage, is obliged to register his name every three months at the *bureau* of the medical faculty. For each of these *inscriptions*, as they are called, sixteen in number, a fee is required. He is also obliged to pay a fee for each of the five examinations to which he is subjected at different periods of his pupilage; for the examination and printing of his thesis, for the study of practical anatomy, and for his diploma, the aggregate amounting to about $250, a sum somewhat greater than is demanded for two courses of instruction at the most expensive of American colleges. I am led to make this statement because it appears to be a current belief that a medical education in Paris costs nothing, and the gratuitous instruction in France is sometimes cited as a precedent for the action of certain schools in this country, which have adopted a policy dictated by the supposition that their interests will be promoted by offering to students the temptation of low fees."

DR. DRAKE'S WORK.

The second volume of Dr. Drake's great work on the *Diseases of the Interior Valley of North America* has been issued from the press of Lippincott, Grambo & Co., and is for sale, in this city, at Maxwell's bookstore. For the practising physician this volume will be found to exceed in interest the first, devoted as it is to practical medicine. No labors have reflected more honor upon the profession of our country than those of Dr. Drake, and these, the crowning ones of his life, we trust, will meet from the profession a fitting reception.

GROSS ON FOREIGN BODIES IN THE AIR-PASSAGES.

A copy of this work has been received, but it came to hand too late to receive more than a brief notice in our present number. We are able, however, after a very cursory examination, to say that it is characterized by the spirit of research for which its learned author is so distinguished. It presents a summary of our professional experience on the subject of foreign bodies in the air-passages, and the student who wishes to learn what has been suffered or done in such cases will find it the shortest course to refer to this work of Prof. Gross. As a work of reference it possesses the highest value, for in addition to the facts gleaned from all our extant medical literature, it embodies the practical experience of the author himself.

NEW PUBLICATIONS.

A number of valuable medical works, issued within a few months past, from the publishing houses of Philadelphia and New York, are on our table, but in our present number we can do no more than merely give their titles.

Prominent among them are the beautiful volumes of *Hassall on Microscopic Anatomy*, a work of acknowledged ability and

interest. It has been republished from the English edition, in befitting style, by the Messrs. Wood, of New York.

To Messrs. Lippincott, Grambo & Co., of Philadelphia, we are indebted for a kindred work—*The Manual of Human Microscopical Anatomy*, by Kölliker, one of the most zealous of all the cultivators of this modern science. As proof of the excellence of his "manual" we may mention, that it has been deemed worthy of translation by the Sydenham Society It will become a standard work on the subject of microscopical anatomy.

From Messrs. Keith & Co., of New York, we have received a beautifully executed work, entitled *Positive Medical Agents;* being a treatise on the new alkaline, resinoid, and concentrated preparations of indigenous and foreign medical plants. The work is published by authority of the American Chemical Institute, and will be found a convenient and useful manual by he practising physician.

A Manual of Pathological Anatomy, by C. Handfield Jones, M. B., F. R. S., and Edward H. Sieveking, M. D., has been issued by Messrs. Blanchard and Lea, in their accustomed style of accuracy and neatness. The work is destined to take a high rank among the treatises on this subject. It is fresh, consise and practical. Pathological anatomy as it exists at the present day is faithfully reflected from its pages.

The same publishers have issued *West's Lectures on Ulceration of the Os Uteri;* which will be read with great attention by American physicians, with whom the subject to which this work refers is exciting unusual interest at the present time. Dr. West may be regarded as at the head of that body of practitioners who are skeptical as to the magnitude of the evils growing out of ulceration of the os uteri, and as to the value of the speculum uteri in examinations of the uterus. In our next number we shall commence the publication of a series of lectures, by Prof. Miller, in reply to the views of Dr. West on this subject.

Physician's Visiting List for 1855. Messrs. Lindsay & Blakiston have sent out in advance this acceptable annual. It contains, besides an almanac and table of signs, a list of poisons and their antidotes, with blank leaves for all the memoranda that the physician in his professional rounds will find it necessary to make;

The "Visiting List," we believe, is beginning to be felt as a necessity by all physicians in extensive practice.

Wood's Catalogue. The publishers S. S. &. W. Wood, N. York, are sending to all orders, which are post-paid, copies of the catalogue of their extensive and varied assortment of books. The physician has only to run his eye over its pages to see what new books have been published in any of the departments of medicine.

Comstock & Comings' Physiology. The Messrs Wood have issued this work, designed specially for schools, academies, and colleges, in a very attractive form, and it ought to become a popular work. The authors have simplified their interesting subject sufficiently for the comprehension of the youngest student of physiology, and the publishers have supplied all the illustrations requisite. Physiology ought assuredly to form a part of the curriculum of studies in every high school and college, whether for girls or boys, and we do not know a text-book better fitted for such students than this treatise of Comstock & Comings. Its quarto form favors the introduction of larger and more striking cuts than are usually found in such works.

Bushnan's Physiology. This is another work the object of which is to popularize science. Its author, a London physician, is a man thoroughly versed in the science of which he treats, and though his limits are narrow he has contrived, in his brief pages, to give a highly interesting and satisfactory summary of the facts and principles in physiology. Few readers would take up his work without finding in it something new, and none could peruse it without instruction. It is amply illustrated, and may be commended especially to readers who desire to see the subject exhibited in its most condensed form. It is published by Blanchard & Lea.

The above mentioned works have been forwarded to us by the publishers through E. Maxwell, Esq., at whose store they may be found.

Record of Medical Science.

"What have we here? A fish—a strange fish."—*The Tempest.*

Discovery of Viviparous Fish in Louisiana.—In the month of October, 1854, through the politeness of J. C. B. Harvey, M. D., of Tchoupitoulas street, I received a small osseous fish, caught in the New Orleans canal, which connects the city with Lake Ponchartrain. This fish had been placed in a basket containing crabs, one of which wounded it slightly in the abdomen near the cloaca, thereby exposing several fœtal fish enveloped in a delicate membrane. The parent fish, which had been rudely thrust into a narrow mouthed phial of spirits, retains after immersion for two weeks the original *rigor mortis*, and the same remark applies to the fœtuses, though they have been soaked in water; some of them have been forcibly straightened. On the 17th of October, in the presence of, and assisted by Drs. J. Hale and M. M. Dowler, I enlarged the wound and proceeded to dissect a somewhat globular mass of fœtuses bounded by the intestines before, and separated from them by an indescribably thin, diaphanous membrane; this mass was further bounded above by the spine and ribs, below and behind by the posterior inferior abdominal walls, bulging backward of the anal orifice and fin. The exterior envelope of this oblong globe consisted of a very thin, pelucid, extremely delicate and apparently laminated and flocculent membrane, like the amnion of the human embryo in the early state; it did not form a simple sack, but consisted of many duplications like the arachnoidal reflections among the sinuosities and convolutions of the human brain, sending its prolongations as the hyaloid membrane does, through the vitreous mass of the eye.

This uterine membrane (ovisac it may not be termed) contained twenty-two fishes. It is probable that the inner surface of the uterine membrane sent forth a still more delicate membrane which enveloped each fish after the manner that the peritoneum envelops the abdominal viscera; but the parent fish, and still more its inclosed organs, were too minute to admit of full demonstration during a necessarily hurried examination; moreover, the wish not to mutilate the parent fish very much prevented a fuller dissection of the fœtal mass *in situ*.

Each fœtal fish was doubled laterally, sometimes to the right, sometimes to the left, into the globular form, the caudal fin which

is inclined to the lancet shape, though blunter, overlapped one eye and one side of the mouth; each fish *in situ*, and even after forcible extraction from its bed was infolded in a sack; some were drawn out united by pedicles to a common stem, somewhat like an umbilical cord.

These fœtal fishes presented a perfect example of close packing. A perceptible force was required to dislodge them from their beds. The concavity left by their extraction appeared to be lined with a smooth, black, peritoneal membrane.

The intestines which were very minute were crowded forward by the rounded mass of fœtuses which occupied the greater portion of the abdominal cavity. No ova were discovered.

The maternal fish not being much mutilated, is reserved for a more detailed technical description, which my leisure and the limits of this Journal will not admit of at present.

Without attempting fully to describe even the dermal skeleton, I may observe that this tiny fish is a most symmetrical one. Its minuteness may be imagined when I state that after the removal of the inclosed fœtuses it weighed only seven grains, though not disembowelled. Thorough desiccation would probably reduce its weight about half or more. The fish exposed for two hours in the shade on a damp day, was but slightly desiccated. It was weighed by Mr. Macpherson, apothecary, in my presence; but fearing a mistake I had it weighed a second time, with the same result. If each fœtus should weigh but one grain, the aggregate would be more than three times greater than that of the mother?

Measurements in inches: Length including the caudal fin 2 inches; greatest circumference $1\frac{3}{4}$; width vertically $\frac{1}{2}$; length of thoracic fin $\frac{1}{4}$; the caudal fin does not expand from its base or proximal end, but terminates ovally, its length $\frac{1}{2}$; the anal but little expanded $\frac{1}{4}$; the ventral is too minute for convenient measurement, being almost invisible without a lens; the dorsal which is single, has but a slight vertical width, arising from a base $\frac{1}{4}$ of an inch, nearly opposite, though a little forward of the anal.

The teeth are advanced, nearly ranging with the lips, being very numerous, close and small, though scarcely discernible without a magnifying glass. Lips thin, the under one slightly projecting; angles of the mouth not depressed; eyes medium size; head flattened at the frontal bone; operculum much expanded. The branchiæ largely developed in three great arches, densely fringed with thick tufts, the outer and inner rows inclining to the central, having also, one, perhaps more, rows behind, which are shorter.

The predominant hue of this fish is a tawny or fawn color; the opercula silvery; head metalic gray; muzzle blackish, slightly projecting.

There are six rows of rather quadrangular black spots, more

particularly marked in the posterior half of the body, averaging twenty-five spots for each row. These black spots, resting on a tawny ground, leaving intervals something larger than themselves, give a picturesque appearance, forming stripes of alternating hues, the three upper of which slightly curve corresponding to the arching back; but each becomes straighter, the fourth and fifth being nearly straight; the sixth or lower row follows the abdominal curve, and disappears at the anal fin; the other five rows gradually converge without coalescing at the origin of the caudal fin. At the origin of this fin the spots are displaced out of line. By this arrangement the six rows of alternating black and tawny leave in the longitudinal direction six other continuous tawny stripes, all of which except the two interrupted ones, are lost at the anal fin, and converge without mingling in the tail, all being about equal in length. The colors fade somewhat into a greyish yellow around the thoracic fins, which are nearly central between the dorsum and abdomen, being on a level with the eyes, and about one line from the opercula.

There are six or seven rows of scales. The spinous rays of the fins are about twenty-five caudal, twelve anal, fifteen dorsal, and ten thoracic.

These fœtuses are half an inch long, all alike, exactly resembling the maternal form and proportion, with the following slight exceptions, namely: their bodies are more slender and compressed laterally; their heads are comparatively larger, and their eyes more prominent; their colors are less variegated, and paler; a still greater difference appears about the middle of the abdomen, where there is attached to each fœtus a whitish, faintly yellowish, placental-like irregularly formed mass of considerable size, having a broad base, being apparently implanted in or blended with the abdominal integument, possessing considerable strength, and constituting what may be termed the umbilical prominence; perhaps, it may turn out upon further examination that this mass may be not placental, but an adherent mesenteric mass of convoluted membrane.

These fœtal fishes were probably sufficiently developed at the time of the parent's death to live independent of the mother.

It appears from the proceedings of the Academy of Natural Sciences of Philadelphia, for 1854, that Dr. Giddons, of the Academy of Natural Sciences of San Francisco, "claims priority of description of viviparous fish," in behalf of the gold-shimmering waters of California, and consequently, that State takes precedence over Louisiana. Agassiz, whose sounding (fishing) line has passed the living waters to the most ancient palæozoic rocks, says, in regard to the California viviparous fishes, "that a country which furnishes such novelties in our days, bids fair to enrich science with many other unexpected facts." B. Dowler, M. D.

Bilateral Operation in the Female for Calculus.—By David W. Yandell, M. D., of Nashville, Tenn.—Sarah W——, of Christian county, Ky., aged 13 years, the subject of stone since early injancy, her mother thinks from birth, applied to me in July last for relief. I wished to defer an operation until the pleasant days of autumn, and so contented myself by suggesting to the girl's physician, Dr. Thomas, of Hopkinsville, the usual palliative and invigorating treatment.

Early in August, Dr. Thomas advised me that the sufferings of the patient were so severe, and her general health declining so rapidly, that he deemed an immediate removal of the stone necessary.

On the 24th of August, when I first visited Sarah, she was very thin, pale and feeble, considerably exhausted by frequent paroxysms of severe vesical pain, and the subject of constant fever. Her physical development, generally defective, was especially so in the genital organs. The external portion of the vaginal canal was very contracted—the hymen almost imperforate.

The next day, with 120 beats to the minute, the patient was secured for the operation. Chloroform was administered, the bladder explored, and a stone of large volume at once detected. I adopted the operative procedure conceived and first executed by Prof. Eve, of the Nashville University, in 1852. The incisions were freely made, dilatation was effected by the finger, and the forceps introduced and attempts made at extraction. These failed because of the size of the calculus. I withdrew the forceps, reintroduced the lithotome and enlarged the wound. Efforts for removal were again unsuccessful. I now endeavored to crush the stone—the force employed bent the smaller sized lithotomy forceps. These were laid aside, and with a larger instrument I succeeded in breaking the stone into two large and a number of smaller fragments.

As the operation now promised to be very tedious, the patient was allowed to recover her consciousness. The work was proceeded with—fragment after fragment, numbering in all nearly one hundred, and well nigh two tea-spoonsful of sandy particles were extracted. The bladder was thoroughly cleansed—the patient unbandaged, placed in bed, and a full opiate given. In five hours after the operation she urinated at will with almost entire control over the sphincter. On Saturday, being obliged to return home, I left her in charge of my friend, Dr. Thomas, who, under date of September 7th, writes as follows:—"Just eight days after the operation, Sarah was up walking about the house and yard—two days later she rode a short distance behind her mother on horseback—against orders, of course. Her general health is rapidly improving. She has entire control of the sphincter throughout the day. At night, when asleep, her old habit returns

though in a gradually diminished degree—so much so, indeed, that I am confident it will soon disappear altogether."

Owing to being obliged to crush the stone before extraction, I am unable to make any very accurate statement as to its size. To my finger, when introduced into the bladder while the calculus was entire, it appeared of the volume of a hen's egg, and on putting the fragments, after removal, in juxtaposition with each other this was the opinion of the other medical gentlemen present.

I placed the stone in the hands of Dr. Haskins, of Clarksville, Tenn., for analysis, who has kindly furnished the annexed result, which, however, it is proper to remark, contains only the *prominent* constituent of each layer:

Nucleus.—Uric acid salts.

Second Layer.—Oxalate of lime.

Third Layer.—Phosphate of lime. Triple phosphate of magnesia and ammonia.

Fourth and outer Layer.—Oxalate of lime.—*Nashville Journal of Medicine and Surgery.*

Improvements in Surgery. From an Introductory Address at St. Thomas' Hospital, by Samuel Solly, Esq.—Let us glance rapidly at some of our improvements. Take the motive organs of the body—bones, joints, muscles:—Caries, or ulceration of bone, whether involving the bones of the shoulder-joint, the elbow, wrist, hip, knee, or ankle-joints, used formerly to be an almost certain cause of mutilation. It was supposed that this gnawing disease, which crumbles away the bone and wastes the body, pouring forth from the crimson current of the blood, the elements of nutrition, could only be removed by the amputating knife. In the present day, we limit our operation to the removal of the disease, and preserve the sound portion of the limb. Nature proves herself a most kind and able assistant in these conservative operations. Take, for instance, the shoulder-joint. A patient comes to you with an arm, useless, painful, and debilitated from disease. He tells you—and I am now referring to no hypothetical case—that he was told in the country that he must have his limb removed, or die from the disease. He had heard of St. Thomas's Hospital in London, and he walks up, above 200 miles. He is admitted, and he has all the advantages this institution can confer. The shoulder-joint is cut into, the diseased bone is removed, the soft parts soon heal, and nature actually models for him by her absorbent vessels, a new joint, and the man returns home with an useful limb.

This description, true to the letter as regards this hospital, is, I am sure, equally true in its main features in regard to every hos-

pital in the United Kingdom. The operation of excision of the shoulder-joint was first performed in 1769 by a provincial surgeon, Mr. White, of Manchester.

Then, again, take the elbow-joint; its structure is more complicated, but still we do not hesitate to remove the diseased parts, and in process of time a new and useful joint is formed.

This operation was first designed by Moreau, a Parisian surgeon; but we are immensely indebted to Mr. Syme, of Edinburgh, for having perfected this proceeding, and, by the frequent repetition of its performance, showing us how safe an operation it may prove in the hands of a good and skilful medical surgeon.

Mr. Anthony White, of the Westminster Hospital, in 1818, succeeded in curing disease of the hip-joint by excision of the head of the thigh bone. The second successful case was in the practice of my friend, Prof. Ferguson, of King's College; since then it has been performed sufficiently often to establish it as a recognized operation in suitable cases. I performed it a few years ago, on a patient in this hospital, with every prospect of success. The case went on well in every respect for several days, when erysipelas, that dread foe of operating surgeons, attacked my patient with fearful intensity, and he died in a few days.

From the hip-joint we may descend to the knee. This beautiful and complicated joint is, I think, more frequently the subject of that amount of severe disease requiring amputation of the limb, than any other joint in the body; but still how seldom are we obliged to amputate this joint to save life! It is indeed true that many a limb is now saved by medical surgery which formerly was sacrificed, and I must give my esteemed friend, the cod-liver oil, considerable credit for his assistance in the good cause. More than fifteen years ago, I first prescribed this medicine for strumous disease of joints, and I soon found its value. I have no hesitation in saying that we are able to carry out our conservative operations with this ally which would be quite impracticable without it.

With regard to *excision* of the knee-joint, I can give you no personal experience, but the cases which have been published encourage me to believe that it may be performed with success. And there can be no doubt that the living limb, even if shortened and the knee-joint obliterated, is more useful and more agreeable to the patient than any artificial limb, however beautifully that limb is made. I must bear my testimony to the perfection to which these mechanical contrivances are brought. This operation was first performed by Mr. Fitkin, of Northwich, and was in his hands successful.

In passing from the consideration of excision of the knee-joint to the conservative surgery of the rest of the leg, I find it impossible to tell you all that has been done. I must only attempt a rapid sketch. When I first came to this hospital in 1822, almost

every amputation for disease of the leg and foot was performed a little below the knee. The value of a long lever in the use of an artificial limb was not understood, but now we save as much as possible. Amputation at the ankle-joint was never thought of. This operation was first proposed and performed in France, by Sedillier, Velpeau, and others; but the credit is due to Mr. Syme for having shown its frequent application. The retention of the firm cushion of the heel for the surface of the stump, has been of immense practical importance; and there are many men now who have been subjected to this operation who might go into any ball-room in London without the deformity being discovered. The operation is required in extensive disease of the tarsus, and it is an improvement on the old mode of amputation; but still there is an improvement upon this. Many of you have seen this carried out successfully within these walls. I refer to the removal of the diseased bones, instead of a removal of the whole foot.—*London Lancet.*

Membranous Croup.—Dr. Wallace stated that he had recently seen a case of croup in which recovery took place under apparently the most unfavorable circumstances. The child was under the care of Dr. N. Nancrede. It had been laboring for three days under symptoms of croup. Vomiting, purging with calomel, and leeches to the upper end of the sternum, together with the application of a solution of lunar caustic to the larynx, had been resorted to before Dr. Wallace was called in consultation. When he saw the child, about 3½ o'clock in the afternoon, there was a peculiar dryness, with great difficulty of respiration, and a tendency to coma. A solution of nitrate of silver, sixty grains to the ounce, was applied by means of a probang carried deep into the larynx, and three hours subsequently a similar application was repeated. Upon withdrawing the probang, the sponge was found covered with mucus, in which shreds of false membrane could be detected. At 10½, P. M., the patient was perfectly comatose; difficulty of respiration increased; abundant mucous râle was now detected throughout the entire chest. A teaspoonful of powdered alum was administered, but without any effect. Four grains of tartar emetic were then given in divided doses; this produced neither vomiting nor any perceptible influence upon the pulse. At midnight, eight grains of the sulphate of zinc were given, and repeated after a short interval; no vomiting following within the anticipated period; the patient was left. On visiting the house at 8 o'clock on the ensuing morning, Dr. Wallace found the little patient sitting up and playing with its toys. It appeared that soon after midnight copious vomiting had occurred of a thick, tenacious

mucus, containing shreds of a membraneous appearance. The cough continued, but the breathing was much more comfortable; the mucous rattle still very audible; but each paroxysm of coughing the child discharged a mass of thick mucus, with shreds of membrane; the cough had lost its ringing sound, but the voice was still extinct. The child continued gradually to improve. At the end of a week, a mucous rattle was still detected at the lower part of the lungs, which, however, finally disappeared, and the child regained its ordinary health.—*Trans. of the Col. of Phy. of Phila.*

Mr. Spencer Wells' new work on *Gout*, has sweet consolation for those afflicted with this aristocratic disease. He says:—"Among the present members of the Houses of Parliament, those who are known to be subject to gout are among the most distinguished for an ancestry rendered illustrious by high thoughts and noble deeds, for their own keen intelligence, for the assistance they have afforded to improvements in arts, science, and agriculture, and for the manner in which they have led the spirit of the age. If it were proper to mention names, I believe I could prove this to be the case; and I never met with a real cause of gout, in other classes of the community, in a person not remarkable for mental activity, unless the tendency to gout was clearly inherited. It is perfectly true that butlers, hall-porters, and other individuals in like easy circumstances, are often subject to gout; but many such persons are the sons of parents who have lived in similar situations, and have received from their progenitors hereditary predisposition. I have seen a great many examples of the rule, and scarcely an exception, that when a person in an inferior situation is subject to gout, and one of his parents was not similarly effected he is a person of superior abilities or attainments."

We like that; and nothing so humiliates our pride as to look at our plebian toes, disgracefully and hereditarily innocent of any aristocratic tumor—not even a gentlemanly corn is there.—*Buffalo Med. Journal.*

A Case of Poisoning. Reported by M. A. Milner, M. D., of Pairfield, Texas.—The comparatively rare occurrence of poisoning by *Hydrocyanic Acid*, or preparations containing it, as cyanide, or cyanuret of potassium, is admitted; yet it does sometimes occur, and this induces me to report the following case, with the hope that it may elicit further enquiry for a certain antidote, and the proper management of such accidents.

On the 6th of October, Col. W's. little daughter, Fanny, three years old, in company with others, visited a Daguerrian gallery, in the second story of my office. While the artist was preparing a plate, one of the ladies gave the child (for water) a solution of the chloride of silver and cyanide of potassium, used to galvanize plates. The mistake was discovered immediately, and the child brought into my office, with the cry, "do something quick! it is poisoned with the chloride of silver." One glance revealed to me the truth of the alarm. Her face was flushed, her breathing slow and sterterous, and she was apparently insensible. With all possible haste, I tried a mustard emetic, but found she could not swallow, and immediately resorted to the stomach pump, and succeeded in drawing off a good portion of the fluid contents of the stomach. It being a short time after dinner, however, the imperfectly chewed and undigested bits of meat, &c., would fill the eyes of the tube, and prevented as effectual an emptying of the stomach as was desired, I then forced salt water into the stomach, but to no purpose, for the child was *dead.*

The length of time from the drinking of the poison, until the last gasp for life, was between four and five minutes.

None of the antidotes, as laid down by authors, were used, such as chlorine water, ammonia, cold water, &c.

In conclusion, I would respectfully ask, where such prominent poisons are taken, and the paralytic effect on the nervous system so instantaneous, should emetics, or the stomach pump, be thought of for relief? Or should we depend upon inhalations and the administration of antidotes?

The composition of the poison was about ʒiv. cyanide potassium, ʒi. chloride silver, and three pints water.—*South. Med. & Surg. Jour.*

Local Anæsthesia.—During the last two or three years, many attempts have been made to produce local anæsthesia, in order to obviate the necessity and peril of chloroform-inhalation. It is by no means improbable that these attempts will finally lead to some discovery which may be useful in surgery. We have alluded more than once to Dr. Arnott's application of cold, and we now propose to pass in review the other local measures which have been employed. Richet describes the older and recent attempts to produce local loss of sensibility by means of *ether.* The ether is simply dropped on the skin, and allowed rapidly to evaporate. Richet relates thirteen cases, in three of which tolerably deep operations were performed, viz: the excision of two small tumors, and the amputation of a toe. In the other ten cases, abscess or carbuncles were opened. Richet uses an apparatus, by means of which the

ether is dropped on the part, and at the same time a current of air is directed on it, and causes rapid evaporation. Two or three minutes usually suffice. If a longer time be allowed to pass, some reaction may occur.

Ricord has applied the actual cautery to chancres in two cases after ether had been thus applied. In one case, no pain, in the other, very little was felt. In the last case, the use of the ether had been continued too long (five minutes.) and some feeling of warmth from reaction had occurred. Brochin also has opened a very tender abscess in the axilla, without giving pain, by means of the rapid evaporation of ether.—*British & For. Medico-Chir. Review.*

Simple and Ozonized Oil of Turpentine—Some very interesting experiments have been made by Dr. Seitz, on the comparative action of the simple and the ozonized oil of turpentine. The latter substance is thus prepared: The common oil of turpentine is placed in white bottles, of which it only fills the half or quarter, and is then freely exposed to sunlight. From time to time the bottle is opened, so that the atmospheric air may have free ingress. The oil thus prepared has the smell and taste of peppermint oil, smelling disagreeably, tasting hot and bitter, and giving to the tongue a peculiar pain and sensation of cold. From experiments on animals, it is found that, on the mucous membrane of the mouth and the digestive organs, the ozonized oil acts like the simple oil; it irritates, and causes an increased flow of saliva and mucus. It is then rapidly absorbed; the pulse increases in fullness and frequency, the respirations are quicker, and when large doses are given, they become even painfully so. If the doses are frequently repeated, inflammations of the endocardium and pericardium, and congestion and hæmoptoic infarctus of the lungs, are caused. Small doses act as excitants to the nervous system, but large doses cause stupor, convulsions, and paralysis. Like the simple, the ozonized oil passes off through the lungs and the kidneys, giving to the breath the smell of the oil, and to the urine the usual violet odour. The quantity of urine is increased. In one case, in a a horse, albumen, sugar, and benzoic acid appeared in it. In men the ozonized oil, in doses of five to fifteen drops, caused a sensation of coldness on the tongue, and a slight pricking sensation; the saliva was increased; there was a feeling of warmth in the stomach; the skin became hotter, and the pulse more frequent; the urine had the violet odour, but presented no other change. Applied to the skin, it produced the same effect as the non-oxygenized oil, such as redness and feeling of warmth. The ozonized oil has been given in various diseases with some good effect, viz:

In chronic cystitis and in incontinence of urine. In menorrhagia, and in cases of hæmatemesis, it was also useful. But its most decided action was evinced in cases of gouty and rheumatic pains, and especially in sciatica. The dose is from ten to twenty drops on sugar, or in sugar and water, or mixed with honey, or the yolk of an egg.—*Schmidt's Jahrb.*

The Employment of External Heat and Cold.—In an interesting letter to the Editor of the *Bull. Gén. de Thér.*, (Sept. 15), M. Legroux states the opinions he has arrived at from the two measures above-named. He believes that the use of great degrees of heat is positively and considerably hurtful. Even moderate heat appears to do harm. "Moderate as it may be," says M. Legroux, "heat, whether applied externally, or in the form of hot drinks, augments the malaise and the anxiety. Few of the patients find relief. But when the heat is extreme, and produced by the agency of hot metal, bricks, bottles, hot bags, and when thick covertures, cushions, and eider down pillows are added, the anxiety becomes inexpressible, the dyspœna is extreme, the patient tosses about vainly, imprisoned as he is by his coverings, for the purpose of perceiving and breathing the cool air; the epigastric fire increases, and the cramps augment in the direct ratio of the heat. It is a veritable torture, a frightful torment. Great heat is fatal to patients with cholera. This fact is incontestable, and the public should be warned of it."

On the other hand, Legroux has found evident benefit from cold, iced drinks, from allowing the patient to roll freely in bed, so that the cool air may blow upon him.

The author speaks very highly of the effect of sinapisms. "To conclude," he says, "the fatal effect of an excessive calorification, the benefit of sinapisms, and the good effects of cold drinks, are the only therapeutical facts which it is possible to generalize in the confirmed algide cholera."—*British and Foreign Medico-Chirurgical Review.*

Strychnine.—Much discussion has arisen in Paris with respect to this remedy. M. Abeille, its advocate, published a most sanguine statement of its powers, and termed it as certain a specific in cholera as quinine in ague. He gave the sulphate of strychnine in doses of one-third of a grain in two ounces of water four times in each twenty-four hours; at the same periods he applied thirty or forty leeches on the base of the thorax, according to the strength of the patient. The statements made by G. M. Abeille,

have led to the employment of strychnine by many physicians, viz: See, Grisolle, Renouard, Fremy, Herard, and Vernois, and the result has been that not one of those gentlemen, after a very great experience of strychnine, has been able to perceive the least benefit in bad cases. In slight cases See thinks it useful. Moreover, it is stated by the Editor of the *Bull. Gén. de Thér.* (No. 4, 30 Aout, p. 199), that he himself went to the *Hôpital du Roule*, where M. Abeille practices, and found that no other of the physicians there, including M. Boudin, in whose charge the cholera patients were, had the least faith in the practice. The report has also been read to the Academie (L'Union, Sept. 6.) by M. Gerardin, on the documents submitted by M. Abeille, in which the statements of this gentleman are shown to be without support, even from his own evidence. We may observe that strychnine has been tried before, and found wanting.—*Bull. Gén. de Thér.*

Spongy Bougies.—M. Alquie has constructed bougies of the following kind, viz: Round a whalebone bougid is rolled a sponge; this is reduced by compression to a third of its volume; it is then covered with gold beaters' skin, and is covered with the salve used in ordinary bougies. The instrument when about to be used is dipped in water, and then, when its point has been touched with cerate, is introduced into the urethra. The sponge slowly imbibes the water, and swells so as to distend the urethra, supposing this to be the canal operated upon. Whether there is then any difficulty in withdrawing the instrument, or any danger of injuring the urethra in so doing, does not appear.

Ricord has used this instrument in two cases of stricture; it was introduced easily, but could not be borne more than an hour; it was withdrawn without difficulty, as the swelling of the sponge was not great.

M. Alquie points out various other possible applications of the sponge-bougies. He alludes to a case in which the fractured nasal bones were held in place easily by its means.—*Ibid.*

Professor Simpson propounds the theory that Phlebitis is contagious, and, like epidemic erysipelas and puerperal fever, may be communicated by the hands or instruments of the operator. Hospital gangrene he would place in the same category. If this theory be true, a new corps of surgeons should be enlisted for the New York Hospital at this present writing, for those on duty are making sad havoc by spreading the poison, if the reported fatality by the latter disease be correctly stated.—*N. Y. Med. Gaz.*

Lupus. Biniodide of Mercury. Dippel's Animal Oil.—Cazenave employs as a local application a strong ointment, composed of equal parts of the biniodide of mercury and of a mixture of lard and almond oil. In winter the proportion of oil is increased, in order that the ointment may be liquid, and may spread easily over the skin. The ointment produces intense congestion and redness of the skin, and severe pain. If the parts are covered with cuticle, vesications and pustules are produced, which crust over. If the parts are ulcerated, a thick albuminous secretion is poured out, which forms a crust. When the crusts are detached in five or six days, the lupose tubercles are found to be much reduced in size. Two or three applications of the ointment, at intervals of a week, are sufficient to reduce them to the level of the skin. No unfavorable symptom has been known to be produced by the absorption of the biniodide.

Cazenave also sometimes employs as a local application, Dippel's animal oil, in the place of the biniodide; and these two remedies constitute the only local measures. The cod liver oil is employed internally.—*Bull. Gén. de Thér.*

Leucorrhœa.—Dr. Mayer recommends that in the treatment of leucorrhœa, cylinders formed of fine muslin and "charpie" should be soaked in a solution of alum, sulphate of zinc, of iron, or of nitrate of silver, and introduced into the vagina by means of the speculum, which is withdrawn when the cylinder has been introduced into it. The cylinder must be of good size, so that the folds of the vagina may be obliterated. The cylinder is retained in for ten or twelve hours. The alum solution is preferred by the author, and its strength is one part to fifty, to twenty-five, and to twelve of water successively. Three cases only are referred to, and all were in prostitutes. In the first case the cylinder was introduced six times; in the second, fifteen; in the third, five times.

Albugo. Electro-puncture.—Dr. D. Tavignot (*Bull. de Thér., Juillet*, p. 49.) relates the following: A young girl, aged 19, was attacked with catarrhal, conjunctivis, with enormous chemosis, and infiltration of the cornea with lymph, and a central ulceration occurred, then resolution took place, and finally central albugo was left. After simple acu-puncture, in order to accustom the eye in some measure, the electro puncture was used. After four sittings, of some minutes each, at least two-thirds of the exuded matter were removed, but the pain was so severe at each application that the patient would not continue the remedy.

Laryngitis. Nitrate of Silver.—Dr. Ebert employs inhalations of nitrate of silver in substance with great benefit, in all inflammations of the laryngeal mucous membrane. He has employed the nitrate of silver also in solution, after the manner of Green, but has never been able to satisfy himself that the larynx was really entered. The mode in which the solid caustic is introduced is as follows: Three grains of the nitrate are mixed with one drachm of sugar; the powder is placed in a steel pen, which is itself firmly inserted in a quill open at both ends. The little apparatus is then put into the mouth, so that the end of the steel pen shall be on the root of the tongue; then the lips are closed round the quill, and the patient inspires forcibly. The first attempt is almost always a failure, and the nitrate is only tasted on the root of the tongue, but the patient soon learns to manage it very well; a little cough and irritation follow, but no great uneasiness. For young children this method does not answer, and a special apparatus must be used.—*Annalen des Berlin Char. Krankheiten.*

Poisoning by Lead. Iodide of Potassium.—In twenty-three cases of saturnine disease—including colic, neuralgia, arthralgia, wrist drop (four cases), and general paralysis (six cases)—the iodide of potassium has been used by Dr. Swift, as recommended by Melesens. Sixteen cases were cured; three so far relieved as to be able to resume their occupations; and four were gradually improving at the time the report was made. "In thirteen cases the urine was submitted to chimical analysis, and the investigation has established the fact, that the lead may be eliminated from the system by the iodide of potassium, and found in the urine. In no case was the lead detected before the administration of the remedy. The analyses were made by Prof. Outram, and the results of his experiments are perfectly reliable." In one case the lead was detected also in the saliva.—*N. Y. Med. Times.*

Chronic Rheumatism.—Dr Rey has used turpentine vapor baths with great effect in chronic rheumatism, neuralgia, and chronic pulmonary catarrhal affections. The vapor is brought my means of pipes into a room, into which fresh air can be rapidly introduced if necessary. The heat and the amount of turpentine are regulated by circumstances. The flow of sweat is very copious, and the turpentine is also absorbed, and gives the violet odor to the urine. On account of the immense sweating, the baths are very weakening, so that few persons can take more than twelve (on successive days) without leaving them off for some time.—*L'Union.*

Tetanus. Chloroform.—Encouraged by the effects of chloroform in two cases of tetanus recorded by Drs. V. Dusche and Langenbecks, Dr. Panthel employed it in a severe traumatic case in a strong man, aged twenty, who was first treated by bleeding and opium, then by chloroform. The relief given by the inhalation of chloroform (not carried to unconsciousness) was extraordinary, so that the patient could take food, yet in spite of it the spasms returned as severely as if no chloroform had been used, although they were invariably removed when the inhalation was again resorted to; the patient died two days after it was commenced. During the first day of this treatment no less than 6 ounces of chloroform were used, with invariable benefit, and its use was continued till the fatal termination. Although the chloroform was thus unable to save life, the relief it gave to the pain was an immense benefit.—*Henle's Zeitschrift.*

Tinea. Sulphurous Acid.—M. Verhaeghe relates three cases of tinea treated by the local application of sulphurous acid, after the manner of Jenner. In two cases a rapid cure was effected; in the third case there was temporary amelioration, but the disease subsequently returned.

M. Bagin has published a memoir on tinea, to show the success of his treatment. This consists of the most careful epilation, and the destruction of the parasitic plant by a solution of the bichloride of mercury, or of the acetate of copper. The details of the treatment are as follows: The hair is first cut close; sulphur lotions and cataplasms to attack the crusts are applied; the solution of corrosive sublimate is then applied so as to kill all the plant on the surface. Then either the hairs are pulled out with pincers, or if the disease be recent and the epilation difficult, the oil of cade, or an alkaline pomade of lime and soda, is rubbed on. When a certain space has been cleared of hair, it is washed with soap and warm water to get rid of fat, and then the parasiticide solution (1 part of corrosive sublimate or of acetate of copper to 100 of water) is immediately applied.—*Revue Med. Chir. de Paris.*

Fibrous Tumour.—A patient presented a large fibrous tumour of the neck, arising from the transverse processes of the vertebræ. It was of such a size, and had such relations, that ablation was thought impossible. M. Maisonneuve removed it by reflecting the skin, and thereby dividing the tumour into two parts, and dissecting each separately. By this plan this surgeon has removed large fibrous tumours of the uterus, which could not have been taken out in entire masses.—*Bull. Gén. de Thér.*

Epilepsy. Oxide of Zinc.—The oxide of zinc, so strongly recommended by Herpin in epilepsy has been tried both by Moreau and Delasiauve. Moreau experimented on eleven patients, and rigorously observed Herpin's instructions, but the results were completely negative. Delasiauve's experience, of a still larger scale, is to the same effect. In reference to the employment of the oxide of zinc, we may mention the interesting observations of Michaelis, who, in experiments on animals, found the zinc in the liver, bile, blood, spleen, lungs, heart, brain, and urine. The oxide appears to be dissolved by the lactic acid in the stomach; it should, therefore, not be combined with magnesia, which would neutralize the acid.— *Traité de l'Epilepsie.*

Epilepsy. Atropine.—Dr. Lange has used atropine in ten cases of epilepsy (three men and seven women). The three men, who had suffered from the disease for many years, were cured in three, five, and six weeks. Two of the women were not improved, one died, and three appeared to be cured, as, after from five to eleven months, they had had no fresh attacks. In the last case, one of epilepsy and commencing idiotcy, the atropine failed. The dose appears to have been about the 1–100th of a grain. M Delasiauve, in his late treatise on "Epilepsy" states that he has experimented with belladonna for many years at the Bicêtre, and that, while he has seen some cases in which the fits were for the time suspended, he has only seen one instance of cure.—*Schmidt's Jahrb.*

Subnitrate of Bismuth.—M. Caby recommends strongly the local application of bismuth, by means of the speculum and lint, on the neck and mouth of the uterus, and on the vagina, as the speculum is being withdrawn. There is no pain. The application should be made daily. Before using the bismuth a water injection may be used, to clear away the discharge from the membrane.—*Bull. Gén. de Thér.*

In Chlorosis, the salts of maganese are now very generally substituted for those of iron, in Germany, and the testimony is very strong in their favor, as appears by the foreign journals.—*N. Y. Medical Gazette.*